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TRANSACTIONS of the Canadian Dental Association



DÉLIBÉRATIONS de l'association dentaire canadienne

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DENT

INTERIM AND ANNUAL MEETINGS
BOARD OF GOVERNORS
MARCH 8-9 AND OCTOBER 3-4

ASSEMBLÉES INTERIMAIRE ET ANNUELLE
DU BUREAU DES GOUVERNEURS
LES 8-9 MARS ET LES 3-4 OCTOBRE

1985

SEALED
WITH
BAND

JAN 5 1985

1200000

Interim meeting of the Board of Governors of the Canadian Dental Association, held at the University of Ottawa, Ottawa, Ontario, on March 8-9, 1985.

The meeting was held at the University of Ottawa, Ottawa, Ontario, on March 8-9, 1985. The meeting was held at the University of Ottawa, Ottawa, Ontario, on March 8-9, 1985. The meeting was held at the University of Ottawa, Ottawa, Ontario, on March 8-9, 1985.

**INTERIM
MEETING**

BOARD OF GOVERNORS

CANADIAN DENTAL ASSOCIATION

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OTTAWA, ONTARIO

March 8 - 9, 1985

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AVANT-PROPOS

Le présent document contient le compte-rendu des travaux des assemblées, provisoire et annuelle, du Bureau des gouverneurs de l'Association dentaire canadienne, qui ont eu lieu respectivement les 8 et 9 mars 1985, à Ottawa (Ontario), et les 3 - 4 octobre de la même année, à Ottawa, (Ontario).

Tous les membres de l'Association dentaire canadienne sont bienvenus à ces assemblées auxquelles ils peuvent participer.

Les rapports des conseils et des sections ainsi que d'autres documents sont présentés au cours de séances publiques. Le président peut permettre aux membres de l'Association de s'exprimer sur diverses questions mais seuls les gouverneurs ont droit de vote.

Assemblée provisoire et annuelle

Les textes inscrits en caractères gras dans les rapports des conseils et des sections, ou à la fin, présentent les observations et les actes posés par le Bureau des gouverneurs.

Les Actes de l'ADC ont pour objet de fournir aux membres un compte-rendu des orientations et des décisions prises par le Bureau des gouverneurs ainsi que des travaux des conseils et des sections de l'Association.

JAN 6 1986

FORWARD

This book provides a record of the business transacted at the Interim and Annual meetings of the Board of Governors of the Canadian Dental Association, on March 8 - 9, 1985, and October 3 - 4, 1985 in Ottawa, Ontario.

All members of the Canadian Dental Association are welcome to attend and to participate in the meetings of the Board of Governors.

During the sessions, reports of Councils and Sections, etc., are brought to open sessions of the Board, and, although the Chairman may permit any member to speak on any issue, only Board members may vote.

Interim and Annual Meeting

Words appearing in bold both within the body and at the end of the Council or Section Reports constitute the comments and actions of the Board of Governors.

The purpose of the C.D.A. TRANSACTIONS is to provide members with a record of the policies and decisions of the Board of Governors and the work of the Association's Councils and Sections.

CDA STAFF

P. Cunningham, Information Officer
S. Deziel, Executive Assistant
H. Drouin, Executive Director
L. Emmerson, Council Secretary
C. Hackland, Editor

B. Henderson, Director of
Accreditation
C. Leroux, Secretary
J. Scrimger, Director of
Administration
L. Teteruck, Director of
Educational Services

OBSERVERS

<u>NAME</u>	<u>AFFILIATION</u>
L. Allen	Manitoba Dental Association
B.D. Barrett	Dental Association of Prince Edward Island
R. Bell	Ontario Dental Association
I. Bennett	Dalhousie University
K. Butler	Canadian Dental Services Plans Inc.
K.L. Croft	College of Dental Surgeons of B.C.
F. Dawes	National Dental Examining Board of Canada
G. Foshay	
J. Gillies	Ontario Dental Association
T.J. Gushue	Newfoundland Dental Association
C.K. Hickling	Veterans Affairs Canada
I. Kleysteuber	Canadian Fund for Dental Education
G. Kravis	National Dental Examining Board of Canada
D. MacFarlane	Chairman, Third Party Dental Plans Committee
B. Martinello	Alberta Dental Association
K. Montgomery	Royal College of Dentists of Canada
P. O'Brien	Newfoundland Dental Association
D. Pamenter	Nova Scotia Dental Association
B. Patrick	Royal College of Dental Surgeons
J.M. Phillips	Canadian Academy of Endodontics
K. Pownall	Royal College of Dental Surgeons of Ontario
G. Riekman	College of Dental Surgeons of Saskatchewan
A. Schwartz	University of Manitoba
S. Sgro	Student Governor Elect
J. Thompson	New Brunswick Dental Society
R.E. Warren	Canadian Association of Maxillofacial Surgeons
C. Worobey	Canadian Dental Hygienists' Association

CANADIAN DENTAL ASSOCIATION

BOARD OF GOVERNORS

OFFICERS & OFFICIALS

Chairman of the Board of Governors
Secretary of the Board of Governors

N.A. Mancini
H.E. Drouin

EXECUTIVE COUNCIL

P.R. Crawford, President
B.W. Holmes, President-elect
R.N. Hicks, Past President

J.C. Giguère
E.F. Allison
J. Robertson

R.J. Markey
J.W. Niedermayer
J.N. Wright

BOARD OF GOVERNORS

ALBERTA:

E.F. Allison
D.L. Thompson

NEWFOUNDLAND:

G. Anthony

PRINCE EDWARD ISLAND:

J.R. Robertson

BRITISH COLUMBIA:

S. Vanry
R.J. Markey
T. Ramage
J.G. Silver

NOVA SCOTIA:

J. Christie

QUEBEC:

J.C. Giguère
Y. Giguère

MANITOBA:

G.D. Solmundson

ONTARIO:

K.L. Roach
B.H. Dolansky
R.D. Wells
W.G. Leggett
R.R. Shiewe
D.B. Smith

SASKATCHEWAN:

J.W. Niedermayer

CDN. FORCES DENTAL SERVICES

J.N. Wright

NEW BRUNSWICK:

R.A. Turcotte

STUDENT REPRESENTATIVE:

G. Lovely

HEALTH & WELFARE:

W.R. Bedford

VETERANS AFFAIRS:

J.C. Tsafaroff

Recording Secretary: Mrs. L. Emmerson

COUNCIL CHAIRMEN

G.H. Peacock (Constitution & By-Laws)
R.Y. Barolet (Dental Materials & Devices)
K.C. Bentley (Education & Accreditation)
G.R. Thordarson (Ethics)
H.W. Horsman (Health Care)

J.H. Gryfe (Hospital & Institutional Services)
Y. Kamachi (Information Services)
J.E. Durran (Insurance & Investment)
R.N. Hicks (Nominations)
D. Beck (Student Affairs)

LEGEND

March 1985

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October 1985

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EXECUTIVE

REPORT OF THE EXECUTIVE COUNCIL TO THE 1985 INTERIM BOARD OF GOVERNORS

MEMBERS: Dr. P. R. Crawford, Winnipeg, Chairman
 Dr. E. F. Allison, Calgary
 Dr. J. C. Giguère, Québec City
 Dr. R. N. Hicks, Vancouver
 Dr. B. W. Holmes, Kenora
 Dr. R. J. Markey, Vancouver
 Dr. J. W. Niedermayer, Regina
 Dr. J. Robertson, Summerside
 Brig.-Gen. J. N. Wright, Ottawa

Council Meetings

Since the last Board of Governors meeting in September, 1984, the Executive Council has met on two occasions - November 15-16, 1984 and February 1-2, 1985.

Business Requiring Board Action

Audited Financial Statement - Canadian Dental Association

The Audited Financial Statements for the Canadian Dental Association were reviewed and explanatory notes are appended for information.

RESOLVED:

85.1 THAT the Audited Financial Statement
 for the Canadian Dental Association
 for the fiscal year ending
 December 31, 1984 be adopted.

APPENDIX A

ADOPTED

Audited Financial Statements - Canadian Dental Research Foundation

Following a review of the Audited Financial Statements for the Canadian Dental Research Foundation,

RESOLVED:

85.2 THAT the Audited Financial Statements
 for the Canadian Dental Research
 Foundation for the fiscal year ending
 December 31, 1984 be adopted.

APPENDIX B

ADOPTED

Business Requiring Board Action (cont'd.)

FDI Delegates and Alternate Delegates

RESOLVED:

85.3 THAT Dr. R.N. Hicks, CDA National Treasurer to FDI and Dr. B.W. Holmes, CDA President-elect be named delegates to the 1985 FDI Congress in Belgrade and further

 THAT Dr. P. Ralph Crawford, CDA President and Brig.-Gen. J.N. Wright, Executive Council member be named as alternate delegates to the 1985 FDI Congress in Belgrade.

ADOPTED

Canadian Dental Association - Manpower Symposium

It was identified at the last meeting of the Presidents and Chief Executive Officers (September, 1984) that the CDA should give priority to the holding of a national symposium on Manpower. The question of holding this symposium in conjunction with the proposed pre-licensure conference has also been considered by Executive Council. It is the opinion of Executive that the manpower symposium relates directly to the needs and expectations of the overall membership of the Canadian Dental Association.

RESOLVED:

85.4 THAT the CDA proceed with a Manpower Symposium in 1985 with a budget not to exceed \$15,000.

ADOPTED

Business Requiring Board Action (cont'd.)Pre-Licensure Conference

At the September, 1984 meeting of the Board, agreement was given in principle to the holding of a Conference on Pre-Licensure, subject to receipt of additional budget information. Meetings have taken place relative to the planning of this Conference, and a request for a contribution of \$25,000 from the CDA has been put forth. The Council on Education and Accreditation have identified that it is their strong opinion that this conference not be held in conjunction with the CDA's Manpower Symposium.

RESOLVED:

**85.5 THAT the Pre-Licensure Conference
be postponed until 1986 pending
further investigation into budget
proceedings.**

ADOPTED

In order to facilitate the planning of both the Manpower Symposium and the Pre-Licensure Conference Executive Council has directed that the CDA develop guidelines for the funding of national conferences and symposia.

EXECUTIVE

-4

Business Requiring Board Action (cont'd).

Strategic Planning

In October, 1984 a two-day working session took place at Montebello involving the CDA's Executive Council and senior staff members. The Niagara Institute was engaged to work with the CDA to develop a strategic planning program for the Association. This first session was followed by a one-day follow-up meeting held in conjunction with the November Executive Council meeting. Various task areas were identified and Committees have been formed by Executive to take necessary actions. The firm of Ray Rouse and Associates are now working with CDA on this on-going program. A complete program outline is appended.

APPENDIX C

RESOLVED:

85.6 THAT the CDA allot up to \$50,000
to cover expenditures over the
two budget years 1985 and 1986
for the completion of efforts in
strategic planning and government
relations.

ADOPTED

NOTE: That any CDA involvement with provincial governments be carried out in consultation with provincial dental associations.

Ad Hoc Committee on Per Diems

An Ad Hoc Committee of Executive Council has been formed to study and report on the matter of Per Diems and Honoraria. It was the decision of Executive Council that this Committee present its findings directly to the Board of Governors. The Committee, under the chairmanship of Dr. Doug Smith, is working towards a report for the March Interim Board.

RESOLVED:

85.7 THAT the report of the Ad Hoc
Committee on Per Diems be
presented to the Board directly
for appropriate action.

APPENDIX P

ADOPTED

Business Requiring Board Action (cont'd.)

Ad Hoc Committee on Per Diems (cont'd.)

RESOLVED:

- 85.8 THAT the 1986 Interim Board meeting receive a report of increased costs related to 1985 increases in honoraria and per diems.

ADOPTED

Convention Reserve Fund

The Management Committee has recommended to the Executive Council the establishment of a Convention Reserve Fund to cover expenses for events held immediately prior to or following a CDA Convention, and also to cover any deficits which would occur at the time of a convention.

RESOLVED:

- 85.9 THAT a Convention Reserve Fund be established not to exceed \$50,000 and the allocation of such funds be under the authority of the Executive Council (a) to cover deficits from conventions and

DEFEATED

(b) to cover expenses usually related to convention activities i.e. Installation Dinner.

DEFEATED

NOTE: A motion to table part (a) of this recommendation was defeated.

The President's Installation Dinner for 1985/86 will be held on Thursday evening, October 3, 1985.

Business Requiring Board Action (cont'd.)

Product Acceptance Committee

The Report of the Product Acceptance Committee and a further Report of a Special Meeting to Review Product Acceptance Committee Mandate and Advertising Guidelines are appended.

APPENDIX D

RESOLVED:

- 85.10 THAT the recommendations of the Product Acceptance Committee contained on page 3 of the Report of a Special Meeting to Review P.A.C. Mandate & Advertising Guidelines be approved as appended.

ADOPTED

Third Party Dental Plans Committee

The report of the Committee on Third Party Dental Plans is appended.

APPENDIX E

RESOLVED:

- 85.11 THAT the budget as outlined in Appendix 1 of the Report for the sum of \$22,000 be approved.

ADOPTED

Business Requiring Board Action (cont'd.)Salaried Dentists Committee

The Report of the Committee on Salaried Dentists was reviewed by Executive Council at its November meeting. Following discussion of the report,

APPENDIX F

RESOLVED:

85.12 WHEREAS continuing education courses in dentistry are designed to maintain dentists' basic levels of expertise in the essentials of present-day dentistry, and

WHEREAS such courses are vital to the practices of both specialist and general practitioners

THAT the CDA support the premise that continuing education courses are an essential and vital element in fulfilling dentists' public and professional obligations to maintain their standard of professional excellence.

ADOPTED

RESOLVED:

85.12 THAT the Association policy regarding the fee structure for salaried dentists not be altered.

ADOPTED

The composition of the Committee was discussed relative to the lack of representation from the Province of Quebec. In the opinion of Executive Council a change in the present terms of reference is warranted.

RESOLVED:

85.12 THAT Item 1 (b) of the Terms of Reference of the Committee on Salaried Dentists be amended to include any three provincial salaried dentists' associations.

APPENDIX G

ADOPTED

EXECUTIVE

Appointment of Lay Representative - Council on Education and Accreditation

At the Annual meeting of the Board of Governors in September, 1983 approval was given to the appointment of a lay representative to the Council on Education and Accreditation. A recommendation has been received from Dr. K. Bentley, Chairman of Council relative to this appointment.

RESOLVED:

- 85.13 THAT Miss Jacqueline Roberts be
 appointed as the lay representative
 to the Council on Education and
 Accreditation.

APPENDIX H

ADOPTED

Membership Committee

An Orientation Workshop was held in October, 1984 for representatives from component societies in the two voluntary provinces, Ontario and Quebec. Consideration is being given to a mini-workshop for those people who could not attend the October session.

The Report of the Membership Committee is appended, Executive Council recommends the approval of the motion relative to Membership Committee selection.

APPENDIX I

Life Members were accepted by Executive Council and are listed in the Appendix.

Matters of Information

Appointments to Executive Council

Since the last Board of Governors meeting, two appointments have been made to Executive Council. Dr. E. F. Allison of Calgary has been appointed by the President to fill the unexpired term of Dr. D. L. Thompson and Dr. J. C. Giguère of Quebec City has been appointed to fill the unexpired term of Dr. J. Laporte.

Council and Committee Appointments

Dr. John Hardie of Ottawa has been appointed Chairman of the Editorial Board and Dr. D.E. MacFarlane of Vancouver has been appointed Chairman of the Committee on Third Party Dental Plans.

Matters for Information (cont'd.)CDA/CSA Certification Program & Medical Devices Regulations/
Implants

As the Board is aware the CDA has been working in conjunction with the CSA relative to a joint Certification Program. Requests for funding assistance for this program made to Health and Welfare have to date met with a negative reaction from the Department.

In October of 1984 the Canadian Dental Association made representations to the Minister of Health & Welfare through an Inter-Association Brief to address the matter of Dental Materials Verification Process. The brief questions the present procedures/regulations within the Department regarding premarket review of implantable dental materials and devices, and an offer was made to assist the Department in improving the review process and associated guidelines.

A meeting between senior departmental officials at Health & Welfare and the Ad Hoc Inter-Association Committee on Dental Materials Verification Process has been arranged through the office of the Minister. The meeting is scheduled for February 12, 1985.

CDA Participation Agreement

Following the instruction of the Board at its Annual Meeting in September, 1984, the amended Participation Agreement for 1985 was circulated to Corporate Members for review and comment. Comment was reviewed by Executive Council at the November meeting and further adjustments made to the Agreement, which did not go beyond the Board's direction last September.

The 1985 Participation Agreement was then sent to all Corporate Members for signature. To date the Agreements with the QDSA and the ODA have not been signed. Reasons given are attached for the Board's information.

APPENDIX J

RESOLVED:**85.14**

THAT Ontario dentists be allowed to participate in the investment plans on the same basis that they participate in the insurance plans and that the Executive be empowered to approve the necessary documentation to implement this.

ADOPTED

Matters for Information-(cont'd.)FDI 1993 Congress

Presentations relating to the hosting by the CDA of the 1993 FDI Congress will be forthcoming from the cities of Vancouver and Montreal. It was the decision of Executive Council that these presentations should be made to the July Pre-Board meeting, so that the Executive Council would be in a position to put forth their recommendation at that time.

Dental Therapy

At the November meeting of Executive Council, members of a Matrix Group formed by Health & Welfare, met with Council to discuss concerns expressed by native people in respect of dental health care. Members of the Matrix Group present were Dr. W.R. Bedford, Senior Dental Consultant, Health & Welfare, Dr. D. Ross, Regional Dental Officer for Alberta Region, Dr. Keith Davey, Director of the School of Dental Therapy in Saskatchewan and Rebecca Martel, Alberta Indian Health Care Association.

In December, 1984 Drs. Crawford and Holmes met with representatives of the College of Dental Surgeons of Saskatchewan and the Prince Albert and District Dental Society to discuss the issues relative to dental therapy and the School of Dental Therapy. As a result of this meeting we have been informed by the College of Dental Surgeons of Saskatchewan that they would be prepared to accept the implementation of an Advisory Board to the Federal School of Dental Therapy on which the CDA, the College of Dental Surgeons of Saskatchewan and the Prince Albert & District Dental Society would have representatives. The College has further indicated that this decision was based on representations by Drs. Crawford and Holmes and is made in the hope that this will aid in the improvement of communication between the CDA and the Federal Government for the betterment of the public and profession throughout Canada.

Senate Standing Committee on Social Affairs, Science & Technology

A brief was presented to the Senate Standing Committee on Social Affairs, Science & Technology relative to Dental Care for Canadians. A clarification of wording was later forwarded to the Committee as an addendum to the original brief. Both the Brief and Addendum were circulated to all members of the Board.

Taxation Committee

Reports from the Taxation Committee are appended for information.

APPENDIX K

Matters for Information (cont'd.)Editorial Board

The Report of the Editorial Board is appended for information.

APPENDIX L

Certificates of Merit - Letters of Appreciation

Executive Council has awarded the CDA's Certificate of Merit to the following:

Dr. I. C. Bennett, Council on Education
Dr. J. M. Gourley, Dental Materials & Devices
Dr. M. J. R. Leitch, Board of Governors
Dr. A. E. MacLeod, Chairman, Editorial Board
Dr. M. Gornitsky, Chairman, Council on Hospital Services

Letters of Appreciation from the President have been forwarded to the following:

Dr. E. Busvek, Board of Governors, Council on Education
Dr. G. Anthony, Council on Constitution & By-Laws
Dr. R. J. Bell, Board of Governors
Dr. R. C. McClelland, Council on Ethics
Dr. T. E. Ramage, Executive Council
Dr. F. Reid, Council on Nominations
Dr. D. L. Thompson, Executive Council
Dr. A. Thivierge, Council on Student Affairs

Conventions Report

A Report on Conventions for the years 1985-1988 is appended for information.

APPENDIX M

Property Management

The CDA has received verbal approval from the National Capital Commission to extend the parking at the rear of the CDA Building. A preliminary costing will be carried out with regard to development of approximately 12 parking spaces in this location to be reviewed by Management Committee.

Annual Donation to CFDE

Executive Council reviewed a submission from Dr. Peters, Chairman of CFDE relative to the CDA's annual contribution. Executive Council has approved an increase in the annual donation to \$10,000 per annum effective 1985.

APPENDIX N

1985 CDIP Plan Auditors

The firm of Clarke, Henning & Co. have been appointed CDIP Plans Auditors for the year 1985.

EXECUTIVE

Matters for Information (cont'd.)

CDSPI

Certain items of business relating to CDSPI (Council on Insurance & Investment) required approval at the November Executive Council meeting in order that their implementation could be appropriately timed.

Appended for the Board's information are the motions as passed by Executive Council relating to Fee for Completing Medical Evidence Questionnaires, Dependents' Life Eligibility, Long Term Disability Offered to Auxiliaries and Guaranteed Fund Option - CDA RSP.

APPENDIX O

Attendance at Meetings, etc.

Since the September, 1984 meeting of the Board of Governors the President has attended the following:

1984

September 26	Student Reception-University of Montreal
October 17	Toronto Four Societies Meeting
October 21-24	American Dental Association Convention
October 29	University of Toronto-Student Information Night
October 30	University of Western Ontario-Student Information Night
November 1-3	Newfoundland Dental Association, Annual Meeting
November 7	Dalhousie University-Student Information Night
November 22	Toronto Academy Winter Clinic
November 23-24	Ontario Dental Association Board Meeting
November 30	Editorial Board
December 7	Niagara Institute
December 8	Provincial Dental Licensing Authorities Meeting
December 10	Third Party Dental Plans Committee
December 14	Saskatchewan College/Prince Albert Dental Society

Matters for Information (cont'd.)Attendance at Meetings, etc. (cont'd.)1985

January 11	Strategic Planning
January 14	Dr. P.Y. Lamarche - ODQ
	Dr. C. Chicoine - QDSA
	Student Reception - McGill
January 15	Manifest Presentation - Dental Awareness
January 21	Product Acceptance Committee
January 24-26	Manitoba Dental Association Annual Meeting
January 30	Call the President Day
February 11-12	Owen Sound/Stratford Dental Societies
February 26	University of Alberta-Student Information Night
Feb. 28-Mar. 2	Atlantic Provinces Dental Executive

Council Reports

Executive Council has reviewed Council reports as appended and other matters requiring Board action following therein.

Respectfully submitted

P. Ralph Crawford, D.M.D.
Chairman
Executive Council

ADOPTION OF REPORT

The Board of Governors receives the report of the Executive Council with appreciation.

APPENDIX A

CANADIAN DENTAL ASSOCIATION

FINANCIAL STATEMENTS

DECEMBER 31, 1984

MEMORANDUM

NOTES OF EXPLANATION HAVE BEEN PREPARED AS PART OF THE
YEAR END FINANCIAL REPORT.

FOR YOUR CONVENIENCE - THE INFORMATION HAS BEEN INSERTED
THROUGHOUT THE AUDITED STATEMENTS.

Mc CAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS / COMPTABLES AGRÉÉS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M.I., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.

CONSULTANT · ELDREN E. MCCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367

AUDITORS' REPORT

To the Members,
Canadian Dental Association.

We have examined the balance sheet of the Canadian Dental Association as at December 31, 1984 and the statements of members' equity, revenue and expenses, revenue and expenses and equity for the Library Trust Fund and the Grieve Memorial Lectureship Fund and changes in financial position for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Association as at December 31, 1984 and the results of its operations and the changes in its financial position for the year then ended in accordance with generally accepted accounting principles, except as disclosed in note 1(b), applied on a basis consistent with that of the preceding year.

McCay Duff & Co

Chartered Accountants.

Ottawa, Ontario,
January 15, 1985.

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 1

CURRENT ASSETS

CASH ACCOUNTS AMOUNT SHOWN INCLUDES \$200 PETTY CASH

THE BUILDING CONTINGENCY FUND WAS INCREASED TO \$ 40,000 PLUS INTEREST DURING 1984. ROOF RENOVATION AND REPAIRS WERE PAID FROM THIS ACCOUNT IN THE AMOUNT OF \$22,756.

DEPOSIT CERTIFICATES BIC DUE 30 JANUARY, 1985. THIS DEPOSIT AMOUNT REPRESENTS APPROXIMATELY THREE MONTHS COVERAGE OF THE ASSOCIATIONS CASH PAYMENTS.

ACCOUNTS RECEIVABLE	ADVERTISING BILLINGS	\$50,517
	ACCREDITATION PAYMENTS	11,600
	'84 MEMBER FEES FROM MANDATORY PROVINCES	15,544
	A/R TOTAL	\$77,661
	NET OF \$2,951 ALLOWED FOR BAD DEBT	\$74,710

INVENTORY INCLUDES PAMPHLETS, CRESTS, RIBBONS AND PAST PRESIDENT PINS.

PREPAID EXPENSE INCLUDES 1985 MEMBERSHIP CAMPAIGN EXPENSE 1985 CONVENTION EXPENSE AND OTHER IDENTIFIABLE CHARGES AGAINST 1985 BUDGET ALLOCATIONS; INCLUDING MAINTENANCE CONTRACTS, INSURANCE, POSTAGE AND SUPPLIES.

FIXED ASSETS INCREASE IN FIXED ASSETS REFLECTS ELEVATOR CONSTRUCTION AND COMPUTER EQUIPMENT PURCHASE.

TRUST ASSETS PREPAID EXPENSE IS ALLOCATION OF SUBSCRIPTION EXPENSE TO 1985 BUDGET YEAR.

CURRENT LIABILITIES

ACCOUNTS/PAYABLE (MAJOR AMOUNTS)

\$ 12,000	DALHOUSIE UNIVERSITY - DATP CHALK EXPENSE
30,000	MANIFEST COMMUNICATIONS - NOV/DEC EXPENSE
12,000	BULWARK CONSTRUCTION - HOLDBACK ON ELEVATOR CONSTRUCTION
11,300	YORK MAILINGS - MONTHLY JOURNAL COST & JOURNAL PROMO MAILING; MEMBERSHIP INVOICE MAILING; MANAGEMENT COMPANIES LETTER.
8,000	MCCAY DUFF & CO. - AUDIT EXPENSE
6,600	CDSPI - FINAL ADJUSTMENTS FOR YEAR / STAFF BENEFITS
4,000	MCMILLAN BINCH - CONSULTING EXPENSE
3,700	VISA ACCOUNTS - MONTHLY STATEMENT
3,200	XEROX - QUARTERLY PAYMENT / LEASING OF EQUIPMENT
2,500	ADA - GRADING DATP
\$ 93,300	TOTAL

BALANCE OF ACCOUNTS PAYABLE MADE UP OF MANY SMALLER ACCOUNTS

DEFERRED REVENUE 1985 REVENUE RECEIVED IN 1984 INCLUDES MEMBERSHIP FEES, JOURNAL ADVERTISING AND SUBSCRIPTIONS.

LONG TERM DEBT CURRENT PORTION REPRESENTS 1985 MONTHLY PAYMENTS AGAINST MORTGAGE PRINCIPAL.

CANADIAN DENTAL ASSOCIATION

BALANCE SHEET

AS AT DECEMBER 31, 1984

	ASSETS	1984	1983
CURRENT			
Cash		\$ 826,513	\$ 995,962
Cash - Building Contingency Fund		20,883	20,800
Deposit certificate		750,000	500,000
Accounts receivable		74,710	78,840
Inventory (note 1)		54,706	39,348
Prepaid expenses		50,125	90,393
		<u>1,776,937</u>	<u>1,725,343</u>
FIXED (notes 1 and 2)		<u>1,413,977</u>	<u>1,303,200</u>
		<u>3,190,914</u>	<u>3,028,543</u>
	TRUST ASSETS		
Cash		58,313	61,742
Deposit certificate		-	1,000
Prepaid expenses		3,852	-
Library books and furniture (at nominal value)		<u>1</u>	<u>1</u>
		<u>62,166</u>	<u>62,743</u>
		<u>\$3,253,080</u>	<u>\$3,091,286</u>
	LIABILITIES		
CURRENT			
Accounts payable		\$ 129,440	\$ 110,879
Deferred revenue		506,018	595,577
Current portion of long term debt		18,000	18,000
		<u>653,458</u>	<u>724,456</u>
LONG-TERM DEBT (note 3)		<u>386,387</u>	<u>404,387</u>
		<u>1,039,845</u>	<u>1,128,843</u>
	MEMBERS' EQUITY		
SURPLUS		1,141,479	1,018,887
EQUITY IN FIXED ASSETS (note 4)		<u>1,009,590</u>	<u>880,813</u>
		<u>2,151,069</u>	<u>1,899,700</u>
		<u>3,190,914</u>	<u>3,028,543</u>
	TRUST EQUITY		
Library Trust Fund		54,964	56,166
The Grieve Memorial Lectureship Fund		7,202	6,577
		<u>62,166</u>	<u>62,743</u>
		<u>\$3,253,080</u>	<u>\$3,091,286</u>
Approved on behalf of the Board:			

President_____
Executive Director

CANADIAN DENTAL ASSOCIATION
STATEMENT OF MEMBERS' EQUITY
FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>	<u>1983</u>
SURPLUS		
BALANCE - BEGINNING OF YEAR	\$1,018,887	\$ 587,214
Excess of revenue over expenses for the year	251,369	395,733
Transfer from (to) equity in fixed assets	(<u>128,777</u>)	<u>35,940</u>
BALANCE - END OF YEAR	<u>\$1,141,479</u>	<u>\$1,018,887</u>
EQUITY IN FIXED ASSETS		
BALANCE - BEGINNING OF YEAR	\$ 880,813	\$ 916,753
Transfer from (to) surplus	<u>128,777</u> (<u>35,940</u>)	
BALANCE - END OF YEAR	<u>\$1,009,590</u>	<u>\$ 880,813</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 3

REVENUE	
GRANTS	DUE TO CHANGES IN ADMINISTRATION OF FUNDS RE TABLE CLINIC AND TO STUDENT CONFERENCE AND TEACHING CONFERENCE ADMINISTRATORS REQUIRING LESS FUNDS THEN PROJECTED ACTUALS ARE UNDERBUDGET.
JOURNAL	SEE NOTES OPPOSITE JOURNAL SCHEDULE C - PAGE 10
RENTAL	DECREASE IN RENTAL REVENUE DUE TO 1983 LEASE RENEWALS BEING NEGOTIATED AT A LOWER PER SQ FT AMOUNT THAN PROJECTED.
EXPENSES	
SALARIES AND BENEFITS	OVERBUDGET AMOUNT DUE TO INCREASED USE OF TEMPORARY STAFF DURING 1984.
GENERAL AND ADMINISTRATION	OVERBUDGET AMOUNT MAINLY DUE TO INCREASED ACTIVITY DURING THE YEAR; SEE FURTHER ANALYSIS OPPOSITE PAGE 11.
JOURNAL	SEE EXPENSE ANALYSIS OPPOSITE PAGE 10.
OTHER PUBLICATIONS	OVERBUDGET DUE TO PAMPHLET EXPENSE RE ESCALATION OF REPRINT COSTS AND TO PAMPHLET RACK GIVEAWAY PROGRAM.
PROPERTY MANAGEMENT	UNDERBUDGET YEAR END TOTAL REFLECTS STABILITY RE MORTGAGE INTEREST COSTS IN PAST EIGHTEEN MONTHS.
DENTAL HEALTH MONTH	OVERBUDGET DUE TO EXPANDED MEDIA COVERAGE RE THREE MINUTE WORKOUT CAMPAIGN.
DAT PROGRAM	EXPENSE INCREASE IN RELATION TO REVENUE INCREASE; INCREASED NUMBERS OF APPLICANTS
STUDENT AFFAIRS	NOTICE - \$12,000 PRINTING EXPENSE INCURRED BY STUDENT AFFAIRS COUNCIL RE PRACTICE MANAGEMENT MANUAL WAS ALLOCATED TO ADMINISTRATION PRINTING BUDGET.
CONSULTANTS	BREAKOUT OF CONSULTING FEES
\$ 14,229	McMILLAN BINCH - 1984 PROJECTS
11,487	NIAGARA INSTITUTE - EXECUTIVE RETREAT
5,506	UNCOLLECTED PENSION STUDY EXPENSE (\$ 4,706 PORTION TO BE REQUESTED FROM CDBPI, \$ 800 1981 SETUP EXPENSE NOT PRESENTED IN CALCULATIONS TO GROUP PARTICIPANTS.)
2,500	DR. BRANDON - PRACTICE MANAGEMENT MANUAL
2,134	RAY ROUSSE COMMUNICATIONS - CDA PLANNING CONSULTANT
1,500	MCCAY, DUFF & CO - CDA ACCOUNTING SYSTEM REVIEW
400	OFFICE EQUIPMENT - DESIGN SPACE PLAN FOR FIRST FLOOR OFFICE SPACE.
\$ 37,756	TOTAL

CANADIAN DENTAL ASSOCIATION

STATEMENT OF REVENUE AND EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1984

	1984		1983
	Budget	Actual	Actual
REVENUE			
Fees (schedule A)	\$2,132,774	\$2,190,815	\$1,902,367
Grants	44,000	29,264	41,994
Journal (schedule C)	416,000	405,013	383,743
Publications	70,000	70,990	59,338
Interest	60,000	156,543	115,131
Rental	142,004	133,487	116,307
Other (schedule B)	28,000	30,052	42,488
Convention	-	-	373,914
	<u>2,892,778</u>	<u>3,016,164</u>	<u>3,035,282</u>
EXPENSES			
Honoraria and per diem	195,825	189,406	175,505
Salaries and benefits	595,330	610,354	557,814
General and administration (schedule D)	282,500	310,545	249,214
Convention	-	-	350,517
Conferences	29,000	26,995	25,968
Journal (schedule C)	467,500	505,928	412,321
Other publications (schedule E)	75,500	88,118	85,166
Travel and meetings (schedule F)	395,225	389,086	334,940
Unbudgeted Projects (schedule F)	50,000	113,765	20,848
Property management	283,400	241,266	225,900
Dental Health Month	45,000	73,927	30,503
Accreditation surveys	40,000	32,814	31,040
Dental Aptitude Program	67,500	80,524	56,999
Membership campaign	25,000	27,634	16,257
Student affairs	23,500	17,394	19,885
F.D.I. administration	20,000	13,889	15,139
Consulting fees	20,000	37,756	20,919
Grants and sponsorships	10,000	5,394	10,614
	<u>2,625,280</u>	<u>2,764,795</u>	<u>2,639,549</u>
EXCESS OF REVENUE OVER EXPENSES FOR THE YEAR	<u>\$ 267,498</u>	<u>\$ 251,369</u>	<u>\$ 395,733</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 4

LIBRARY TRUST FUND

THE LIBRARY/ RESOURCE CENTRE WAS NOT ALLOCATED A GENERAL FUNDS BUDGET UNTIL 1985. THE POLICY HAS BEEN TO NET LIBRARY EXPENSE AGAINST THE INTEREST REVENUE EARNED BY THE TRUST FUND. IN ORDER TO AVOID DEPLETION OF THE CAPITAL ACCOUNT DIRECT ADMINISTRATION AND SUPPLIES COST HAS BEEN ALLOCATED TO THE GENERAL ADMINISTRATION BUDGET IN THE LAST TWO YEARS; THIS EXPENSE AMOUNTED TO \$6467 IN 1983 AND TO \$10,346 IN 1984.

FOR THE FIRST TIME PREPAID EXPENSE HAS BEEN SET UP TO ALLOCATE SUBSCRIPTION COST TO THE NEXT PERIODS' EXPENSE ACCOUNT; HAD THIS NOT HAPPENED REPORTED 1984 SUBSCRIPTIONS WOULD HAVE BEEN OVER \$7000. THIS ACTION WILL DEFER THE EXPENSE AND ALLOW MANAGEMENT TO REVIEW THE ALLOCATION OF THE RESOURCE CENTRE'S EVERINCREASING ACTIVITY COST.

CANADIAN DENTAL ASSOCIATION

LIBRARY TRUST FUND

STATEMENT OF REVENUE AND EXPENSES AND EQUITY

FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>	<u>1983</u>
REVENUE		
Interest	\$ 4,525	\$ 5,076
Donations	<u>200</u>	<u>-</u>
	4,725	5,076
EXPENSES		
Binding	38	117
Books	2,807	2,062
Subscriptions	<u>3,082</u>	<u>4,104</u>
	<u>5,927</u>	<u>6,283</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(1,202)	(1,207)
Equity - beginning of year	<u>56,166</u>	<u>57,373</u>
EQUITY - END OF YEAR	<u>\$54,964</u>	<u>\$56,166</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY TO THE AUDITED STATEMENTS

OPPOSITE PAGE 5

THE GRIEVE MEMORIAL LECTURESHIP FUND WAS ESTABLISHED TO ASSIST WITH THE TRAVEL EXPENSE INVOLVED IN PRESENTING AN ORTHRODONTIC LECTURER AT THE ASSOCIATIONS' ANNUAL MEETING. CDA AND/OR ITS CONVENTION COMMITTEE IS RESPONSIBLE FOR THE TOTAL TRAVEL COST AND THE INTEREST FROM THE FUND EARNED IN THE YEAR PRIOR TO THE EXPENSE IS USED TO OFFSET SUCH EXPENSE.

EXPENSES FOR THE LAST TWO MEETINGS HAVE BEEN LIGHT AND AN OFFSET FROM THE FUND WAS NOT NECESSARY.. THE ASSOCIATION HAS LEFT THE INTEREST TO ACCUMULATE AND BUILD A LARGER BASE FROM WHICH TO DRAW ON IN THE FUTURE.

CANADIAN DENTAL ASSOCIATION
 THE GRIEVE MEMORIAL LECTURESHIP FUND
 STATEMENT OF REVENUE AND EXPENSE AND EQUITY
 FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>	<u>1983</u>
REVENUE		
Interest	\$ 625	\$ 444
EXPENSE	<u>-</u>	<u>-</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	625	444
Equity - beginning of year	<u>6,577</u>	<u>6,133</u>
EQUITY - END OF YEAR	<u>\$7,202</u>	<u>\$6,577</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 6

BREAKOUT OF ITEM NOT REQUIRING WORKING CAPITAL:

DEPRECIATION EXPENSE FOR THE YEAR 1984 -

\$ 47,409	BUILDING AND IMPROVEMENTS AMORTISEMENT
19,344	DATA PROCESSING EQUIPMENT AMORTISEMENT
5,730	FINAL WRITE-OFF OF FURNITURE EXPENSE IN ACCORDANCE WITH PRE 1979 POLICIES
\$ 72,483	TOTAL DEPRECIATION EXPENSE

CANADIAN DENTAL ASSOCIATION
STATEMENT OF CHANGES IN FINANCIAL POSITION
FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>	<u>1983</u>
SOURCE OF FUNDS		
Operations		
Excess of revenue over expenses for the year	\$ 251,369	\$ 395,733
Item not requiring working capital - depreciation	<u>72,483</u>	<u>69,425</u>
	323,852	465,158
APPLICATION OF FUNDS		
Purchase of fixed assets	183,260	19,485
Reduction of long-term debt	18,000	14,000
Increase in current portion of long-term debt	<u>-</u>	<u>12,000</u>
	<u>201,260</u>	<u>45,485</u>
INCREASE IN WORKING CAPITAL	122,592	419,673
Working capital - beginning of year	<u>1,000,887</u>	<u>581,214</u>
WORKING CAPITAL - END OF YEAR	<u>\$1,123,479</u>	<u>\$1,000,887</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS

DECEMBER 31, 1984

1. SIGNIFICANT ACCOUNTING POLICIES

(a) Inventory

Inventory is stated at the lower of cost and net realizable value.

(b) Depreciation

Furniture and equipment purchased subsequent to January 1, 1979 are expensed when acquired.

Depreciation is provided on the straight line basis as follows:

Building	- 40 years
Building improvements	- 5 years
Furniture and equipment	- 10 years
Data processing equipment	- 5 years

(c) Revenue Recognition

Membership fees and subscriptions to the Journal are recognized as revenue in the year to which they apply. Grants are recognized as revenue when received.

2. FIXED ASSETS

	1984			1983
	Cost	Accumulated Depreciation	Net	Net
Land	\$ 82,915	\$ -	\$ 82,915	\$ 82,915
Building	1,530,311	306,367	1,223,944	1,104,480
Building improvements	80,434	60,694	19,740	29,125
Furniture and equipment	88,309	75,768	12,541	18,271
Data processing equipment	109,988	35,151	74,837	68,409
	<u>\$1,891,957</u>	<u>\$477,980</u>	<u>\$1,413,977</u>	<u>\$1,303,200</u>

CANADIAN DENTAL ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 1984

3. LONG-TERM DEBT

	<u>1984</u>	<u>1983</u>
Mortgage	\$ 404,387	\$422,387
Current portion	<u>18,000</u>	<u>18,000</u>
	<u>\$ 386,387</u>	<u>\$404,387</u>

The mortgage with Canada Trust bears interest at bank prime rate and is due in February, 1985. It is anticipated that the mortgage will be refinanced at the same terms at an amount to include the costs of the building addition of approximately \$142,000.

4. EQUITY IN FIXED ASSETS

	<u>1984</u>	<u>1983</u>
Balance - beginning of year	\$ 880,813	\$916,753
Additions to fixed assets	183,260	19,485
Reduction in mortgage	18,000	14,000
Depreciation	(<u>72,483</u>)	(<u>69,425</u>)
	<u>128,777</u>	(<u>35,940</u>)
Balance - end of year	<u>\$1,009,590</u>	<u>\$880,813</u>

5. COMMITMENT

The Board has approved an expenditure of \$390,000 regarding a Dental Awareness Program, over a twenty-four month period. Included in the financial statements are expenditures of approximately \$41,000 relating to this program.

6. COMPARATIVE FIGURES

Certain comparative figures have been reclassified to conform with current presentation.

CANADIAN DENTAL ASSOCIATION
SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 9

NUMBER OF PAID CORPORATE MEMBERSHIPS, 1984

BRITISH COLUMBIA	1784	QUEBEC - ACDQ	1423
ALBERTA	1194	- ODQ	2400
SASKATCHEWAN	351	NEW BRUNSWICK	227
MANITOBA	463	NOVA SCOTIA	342
ONTARIO - ODA	4180	PRINCE EDWARD ISLAND	43
- RCDS	4947	NEWFOUNDLAND	127

TOTAL MEMBERSHIP RETURNS RE 1984 MEMBERSHIP CAMPAIGN FOR
ONTARIO - 2821; FOR QUEBEC - 1257 . TOTAL MEMBERS FOR ONTARIO
INCLUDING LIFE MEMBERS, PAST PRESIDENTS, AND NEW GRADUATES -
3246; FOR QUEBEC - 1473

DECREASE IN FDI ACTUAL REFLECTS DECLINE IN ENROLLMENT AND
INCREASED FOREIGN EXCHANGE.

MISCELLANEOUS - AMOUNT OF \$1456 WAS UNACCRUED OUTSTANDING
PAYMENT FROM 1983 CONVENTION.

Schedule A.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF FEE REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1984

	1984		1983
	Budget	Actual	Actual
Active and affiliate	\$1,844,325	\$1,854,498	\$1,618,350
Associate	10,000	10,902	10,822
Student	22,800	26,967	22,773
Corporate	137,049	140,412	136,271
D.A.T. Program	104,000	131,936	93,548
Accreditation Program	14,600	26,100	20,603
	<u>\$2,132,774</u>	<u>\$2,190,815</u>	<u>\$1,902,367</u>

Schedule B.

SCHEDULE OF OTHER REVENUE

FOR THE YEAR ENDED DECEMBER 31, 1984

	1984		1983
	Budget	Actual	Actual
FDI	\$ 6,000	\$ 2,426	\$ 8,954
Foreign exchange	-	-	1,711
Dental Health Month	22,000	19,170	18,823
Miscellaneous	-	1,456	-
Product acceptance	-	7,000	13,000
	<u>\$ 28,000</u>	<u>\$ 30,052</u>	<u>\$ 42,488</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 10

JOURNAL PRODUCTION EXPENSE

REVENUE BREAKDOWN		BUDGET	ACTUAL
ADVERTISING	COMMERCIAL	\$370,000	\$366,560
	CLASSIFIED	30,000	18,392
	CDA INTERNAL		1,800
TOTAL		\$400,000	\$386,752

CDA INTERNAL ADVERTISING IS A TRANSFER ACCOUNT SET UP TO ALLOCATE OTHER BUDGET AMOUNTS TO EXTRAORDINARY JOURNAL PAGE USAGE.

INCREASED PRODUCTION EXPENSE REFLECTS INCREASED USE OF OUT-OF-HOUSE PROFESSIONALS.

DECREASE IN POSTAGE EXPENSE IS DUE TO RECEIPT OF SPECIAL 2ND CLASS ; CATEGORY 3 RATE FOR BONA FIDE SUBSCRIPTIONS (MEMBERS AND OTHER PAID SUBSCRIPTIONS). WITH MONTHLY JOURNAL MAILINGS REDUCED TO MEMBERS ONLY THE ASSOCIATION NO LONGER PAYS THE WEIGHT CLASS FOR ISSUES FORMERLY MAILED TO NONMEMBERS.

PROMOTION EXPENSE (SUBSCRIPTION COST) SUPPORTED BY MEMBER FEES AS AT 31 DECEMBER, 1984:

FULL MEMBERSHIPS	8,140
ASSOCIATE MEMBERSHIPS	109
STUDENT MEMBERSHIPS	2,176
TOTAL MEMBERSHIPS	10,425

JOURNAL EXPENSE PER CDA PAID MEMBERSHIP = \$100,915/10,425 =\$ 9.69

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF JOURNAL OPERATIONS

FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>		<u>1983</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
REVENUE			
Advertising	\$400,000	\$386,752	\$367,471
Subscriptions	15,000	15,377	15,241
Reprints	<u>1,000</u>	<u>2,884</u>	<u>1,031</u>
	416,000	405,013	383,743
EXPENSES			
Agency commission	63,500	58,084	57,386
Salaries and benefits	83,200	83,040	68,573
Production	231,650	270,720	196,587
Shipping	16,500	18,048	14,391
Postage	26,500	9,676	16,139
Travel	6,000	9,605	5,430
Translation	13,500	20,097	13,094
Promotion	5,500	18,413	23,267
Circulation audit	2,650	1,105	1,090
Reprints	1,000	3,142	570
Scientific editors	7,500	6,700	6,761
Telephone	5,000	5,177	4,213
Bad debts	<u>5,000</u>	<u>2,121</u>	<u>4,820</u>
	<u>467,500</u>	<u>505,928</u>	<u>412,321</u>
EXCESS OF REVENUE OVER EXPENSES (EXPENSES OVER REVENUE) FOR THE YEAR	(\$ <u>51,500</u>)	(\$ <u>100,915</u>)	(\$ <u>28,578</u>)

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 11

ANALYSIS OF GENERAL AND ADMINISTRATION EXPENSE

GENERAL AND ADMINISTRATION EXPENSE REFLECTS INCREASED ACTIVITY OF THE ASSOCIATION, PARTICULARLY IN COMMUNICATUION AREAS, AND MIRRORS INCREASED UNBUDGETED PROJECT EXPENSE.

YEAR END BALANCE	\$310,545
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REMOVAL OF UNBUDGETED ITEMS:

PRACTICE MANAGEMENT MANUAL	(12,136)
LIBRARY ADMINISTRATION	(10,346)

ADMINISTRATION EXPENSE	\$288,063
------------------------	-----------

VARIANCE TO BUDGET TOTAL \$ 5,563

ADD: MAJOR BUDGET AREAS

UNDERSPENT	
POSTAGE -	6,491
PROFESSIONAL FEES -	9,036

TOTAL ADMINISTRATION OVERAGE	\$21,090
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BREAKDOWN OF OVERAGE / MAJOR VARIANCES ROUNDED

SUPPLIES	\$ 3,000
TELEPHONE	4,500
TRANSLATION	6,900
DATA PROCESSING	2,500
GENERAL	2,500
PRINTING	1,750

TOTAL	\$21,150
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SUPPLIES, TELEPHONE, AND TRANSLATION INCREASES REFLECT INCREASED COMMUNICATION ACTIVITY. OVERAGE IN DATA PROCESSING IS DUE TO SIX MONTHS UNBUDGETED DEPRECIATION EXPENSE ON EQUIPMENT PURCHASED IN 1984. INCREASED PRINTING EXPENSE INCLUDES PRACTICE MANAGEMENT MANUAL AND INCREASE IN GENERAL EXPENSE REPORTS INTER OFFICE MOVING EXPENSE AS A RESULT OF ELEVATOR CONSTRUCTION AND INCREASE OF COFFEE/TEA EXPENSE.

Schedule D.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF GENERAL AND ADMINISTRATION EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>		<u>1983</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Office equipment	\$ 38,000	\$ 37,086	\$ 33,276
Library	-	10,346	6,467
Insurance	10,000	9,751	9,580
Stationery and supplies	20,000	23,025	15,016
Postage	44,000	37,509	36,159
Shipping and delivery	4,000	4,658	1,910
Telephone	55,000	59,468	52,419
Translation	10,000	16,911	6,050
Data processing	33,000	35,542	28,248
Printing	36,000	50,251	23,729
Professional fees	20,000	10,964	19,273
General	12,500	15,034	17,087
	<u>\$282,500</u>	<u>\$310,545</u>	<u>\$249,214</u>

Schedule E.

SCHEDULE OF OTHER PUBLICATIONS EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>		<u>1983</u>
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Pamphlets	\$ 45,000	\$ 61,434	\$ 61,457
Film distribution program	5,000	4,063	4,684
Communique	24,000	20,789	17,066
Press clippings	1,500	1,832	1,959
	<u>\$ 75,500</u>	<u>\$ 88,118</u>	<u>\$ 85,166</u>

CANADIAN DENTAL ASSOCIATION

SUPPLEMENTARY TO THE AUDITED FINANCIAL STATEMENTS

OPPOSITE PAGE 12

TRAVEL AND MEETINGS REVIEW

BOARD OF GOVERNORS:	REFLECTS EXPANDED ACTIVITIES OF ANNUAL MEETINGS.
MANAGEMENT COMMITTEE:	UNDERBUDGET - PRACTICE OF HOLDING MEETINGS IN CONJUNCTION WITH OTHER MAJOR EVENTS AND MEETINGS DECREASES EXPENSE.
MEMBERSHIP COMMITTEE:	FEWER COMMITTEE MEETINGS THAN EXPECTED. PARTIALLY OFFSETS COST OF VOLUNTEER WORKSHOP.
TAXATION COMMITTEE:	NOTICE - MAJOR CONSULTING EXPENSE RE McMILLAN, BINCH CONSULTANTS REFLECTS TAXATION COMMITTEE ACTIVITY.
PRESIDENTS' EXPENSE:	INCREASED ACTIVITY / INCREASED TRAVEL RE MEMBERSHIP AFFAIRS, DENTAL AWARENESS PROGRAM AND CDA STRUCTURE AND PLANNING REVIEW.
COUNCIL ON EDUCATION:	INCLUDES DATP INTERVIEW STUDY MEETING EXPENSE NOT BUDGETED FOR. OUTSIDE FUNDING WAS NOT APPLIED FOR AS INCREASE IN DATP REVENUE COVERED EXPENSE.
COUNCIL/ HOSPITAL SERVICES:	\$ 4,000 INCLUDED IN BUDGET FOR WORKSHOP NOT UTILIZED.
COUNCIL ON INFORMATION SERVICES:	OVERBUDGET - INCREASED ACTIVITY DUE TO AWARENESS PROGRAM .
COUNCIL ON NOMINATIONS:	CONTINGENCY FUND BUDGET - NOT REQUIRED.
STAFF TRAVEL EXPENSE:	INCLUDES INCREASED TRAVEL FOR DIRECTOR OF EDUCATIONAL SERVICES RE DENTAL AWARENESS PROGRAM AND INCREASED COVERAGE BY DIRECTOR OF ACCREDITATION RE OUT OF TOWN MEETINGS CONCERNING HEALTH, EDUCATIONAL, AND ACCREDITATION SERVICES.

CANADIAN DENTAL ASSOCIATION

SCHEDULE OF TRAVEL AND MEETINGS EXPENSES

FOR THE YEAR ENDED DECEMBER 31, 1984

	1984		1983
	<u>Budget</u>	<u>Actual</u>	<u>Actual</u>
Board of Governors	\$ 58,650	\$ 75,023	\$ 53,900
Executive Council:			
Executive Council	35,190	32,945	40,011
Management Committee	40,000	29,204	18,317
Product Acceptance	5,780	5,003	6,051
Membership Committee	14,535	5,433	7,705
Taxation Committee	2,000	3,225	2,559
President's Expense	25,000	34,747	27,716
Editorial Board	5,780	9,213	1,799
Liaison/convention	11,985	7,003	8,171
Council on Dental Materials and Devices	14,925	9,831	6,895
Council on Education	45,212	52,317	51,603
Council on Ethics	4,590	1,741	-
Council on Health Care	28,000	16,003	19,048
Council on Hospital Services	14,000	9,602	8,376
Council on Student Affairs	14,378	13,480	13,170
Council on Information Services	9,520	13,308	6,787
Council on Constitution and By-laws	6,800	4,231	735
Council on Nominations	1,000	-	-
	<u>337,345</u>	<u>322,309</u>	<u>272,843</u>
Staff travel	43,000	55,077	47,711
Presidents' and Chief Executive Officers' meeting	8,880	8,095	10,439
Specialty Sections	<u>6,000</u>	<u>3,605</u>	<u>3,947</u>
	<u>\$395,225</u>	<u>\$389,086</u>	<u>\$334,940</u>
UNBUDGETED PROJECTS			
Manpower Study		\$ 6,724	\$ 1,623
Accreditation interviews		-	6,645
Ad Hoc Committees:			
Research		-	1,079
Hospital Services		4,615	10,314
Prepaid Dental Plans		6,775	-
Licensure and Documentation		6,439	-
Salaried Dentists		2,690	1,187
Membership workshop		13,483	-
Dental Awareness Program		<u>73,039</u>	<u>-</u>
	<u>\$ 50,000</u>	<u>\$113,765</u>	<u>\$ 20,848</u>

CANADIAN DENTAL ASSOCIATION
SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

	<u>Actuals 1983</u>	<u>Budget 1984</u>	<u>Actuals 1984</u>
PROPERTY MANAGEMENT:			
<u>REVENUE</u>			
C.Ph.A. - 5,000 sq.ft.	\$ 47,930	\$ 47,930	\$ 47,930
Alcron - 2,919 " "	23,960	37,947	34,521
CCHA - 2,664 " "	23,310	28,027	24,843
RCFC - 918 " "	10,098	10,098	10,098
Clendenning - 300 " "	2,653	3,900	3,623
Fed. of			
Med. Women - 125 " "	1,375	1,625	1,500
ODS - 100 " "	900	900	900
Parking -	<u>3,500</u>	<u>4,800</u>	<u>4,455</u>
TOTAL REVENUE	\$ 113,726	\$ 135,227	\$ 127,870
Add 5% for Escalation Clauses	<u>2,582</u>	<u>6,776</u>	<u>5,617</u>
TOTAL PROJECTIONS	<u>\$ 116,308</u>	<u>\$ 142,003</u>	<u>\$ 133,487</u>
<u>EXPENSES</u>			
Depreciation	\$ 47,632	\$ 51,800	\$ 47,409
Mortgage Interest	48,700	85,000	49,995
Realty Tax	42,149	48,000	46,546
Insurance	3,744	4,800	4,075
Light, Heat, Water	37,004	48,000	42,300
Repair & Maintenance:			
Labour	16,626	14,100	12,274
Security - Grounds	6,401	7,700	9,169
Supplies	3,099	4,000	3,911
Large Equipment	13,055	16,500	14,947
Miscellaneous	<u>7,490</u>	<u>3,500</u>	<u>10,640</u>
TOTAL EXPENSES	<u>\$ 225,900</u>	<u>\$ 283,400</u>	<u>\$ 241,266</u>
Breakdown of Miscellaneous Expense:	Misc. Repair	\$ 885	
	Fire Equip. Insp.	397	
	Plumbing & Electric	1,398	
	Renovations	<u>7,960</u>	
		<u>\$ 10,640</u>	

CANADIAN DENTAL ASSOCIATION
SUPPLEMENTARY NOTES TO THE AUDITED FINANCIAL STATEMENTS

DENTAL APTITUDE PROGRAM:
1984 COST ANALYSIS

Revenue received to date			\$ 131,936
	Budget <u>1984</u>	Actuals <u>1984</u>	
<u>EXPENSES</u>			
D.A.T.P. shipping	\$ 3,500	\$ 7,377	
Test Supplies	20,500	25,396	
New Materials	12,000	12,085	
Promotion D.A.T.P.	3,500	17,365	
Grading Test Papers	10,000	9,431	
Validation	6,000	-	
Fee for Service	12,000	<u>8,870</u>	
		\$ 80,524	
D.A.T.P. Travel & Meetings	\$ 16,000	<u>\$ 27,978</u>	
TOTAL EXPENSES			<u>\$ 108,502</u>
EXCESS OF REVENUE OVER EXPENSE			<u><u>\$ 23,434</u></u>

APPENDIX B

THE CANADIAN DENTAL RESEARCH FOUNDATION
FINANCIAL STATEMENTS
DECEMBER 31, 1984

McCAY, DUFF & COMPANY

CHARTERED ACCOUNTANTS / COMPTABLES AGRÉÉS

JOHN W. FRANKLIN, C.A.
THOMAS W. HOWARTH, C.A.
BRYAN E. SULLIVAN, C.A.
ALBERT G. MONSOUR, B.A.D.M., C.A.
BLAIR E. DAVIDSON, B.COMM., C.A.

CONSULTANT - ELDREN E. McCONNELL, C.A.

330 McLEOD ST.
OTTAWA, ONT.
K2P 2C5
(613) 236-2367

AUDITORS' REPORT

To the Members,
The Canadian Dental Research
Foundation.

We have examined the balance sheet of The Canadian Dental Research Foundation as at December 31, 1984 and the statements of current account revenue and expense and surplus and capital account surplus for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position of the Foundation as at December 31, 1984 and the results of its operations for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

McCay Duff & Co

Chartered Accountants.

Ottawa, Ontario,
January 15, 1985.

THE CANADIAN DENTAL RESEARCH FOUNDATION

BALANCE SHEET

AS AT DECEMBER 31, 1984

ASSETS	<u>1984</u>	<u>1983</u>
CURRENT ACCOUNT		
Cash	\$ 4,360	\$15,345
Deposit certificate	<u>12,000</u>	<u>-</u>
	16,360	15,345
CAPITAL ACCOUNT		
Investments, at cost (market value 1983 and 1984 \$11,500)	<u>12,000</u>	<u>12,000</u>
	<u>\$28,360</u>	<u>\$27,345</u>

MEMBERS' EQUITY

CURRENT ACCOUNT	\$ 8,872	\$ 7,857
CAPITAL ACCOUNT	<u>19,488</u>	<u>19,488</u>
	<u>\$28,360</u>	<u>\$27,345</u>

Approved on behalf of the Board:

President_____
Executive Director

THE CANADIAN DENTAL RESEARCH FOUNDATION
 STATEMENT OF CURRENT ACCOUNT REVENUE AND EXPENSE AND SURPLUS
 FOR THE YEAR ENDED DECEMBER 31, 1984

	<u>1984</u>	<u>1983</u>
REVENUE		
Interest	\$ 2,215	\$ 1,625
EXPENSE		
Annual award	<u>1,200</u>	<u>1,200</u>
EXCESS OF REVENUE OVER EXPENSE FOR THE YEAR	1,015	425
Surplus - beginning of year	<u>7,857</u>	<u>7,432</u>
SURPLUS - END OF YEAR	<u>\$ 8,872</u>	<u>\$ 7,857</u>

STATEMENT OF CAPITAL ACCOUNT SURPLUS
 FOR THE YEAR ENDED DECEMBER 31, 1984

SURPLUS - BEGINNING AND END OF YEAR	<u>\$19,488</u>	<u>\$19,488</u>
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THE CANADIAN DENTAL RESEARCH FOUNDATION

SCHEDULE OF INVESTMENTS

AS AT DECEMBER 31, 1984

	<u>Cost</u>
\$7,000 Canada Permanent Mortgage Corporation, 11.55% debenture, due April 18, 1985	\$ 7,000
\$5,000 Hydro-Electric Power Commission of Ontario 9% bonds, due April 1, 1994	<u>5,000</u>
	<u>\$12,000</u>

**REPORT: A STRATEGIC PLANNING PROCESS
CANADIAN DENTAL ASSOCIATION**

REPORT TO 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

For sometime, Management Committee and Executive Council felt that the aims and objectives of the Association should be reviewed, and the roles and responsibilities of senior staff, councils and committees be scrutinized for possible realignment. To this end, a "retreat" type, two day session, of Executive Council and Senior Directors was held at Chateau Montebello on October 25th and 26th, 1984. Management consultants Ray Rouse and Bill Wilson from the Niagara Institute were retained to facilitate our strategic planning.

All who attended Montebello were so impressed with the exercise of introspection and planning, that a third day planning session was held with our consultants on November 17th (in conjunction with a regular Executive Council meeting). The decision at that time was to proceed with a definite course of Strategic Planning Process. Four Task Forces were then placed into operation, each with a Chairman and members from Executive Council and staff.

TASK FORCE #1: Organization Clarification - would consider the roles and responsibilities of Management Committee, Executive Council and Directors. All Councils and Committees would be reviewed.

TASK FORCE #2: Development of the Philosophy of the Organization. The mission of the Association would be redefined and its goals and objectives delineated and determined.

TASK FORCE #3: Development of a Planning System. **APPENDIX I**
The process would provide a logical and sequential method of activity planning. This would ensure that all activities would relate to the established goals and objectives of the Association, and their expenditures would be systematically accountable within the global budget.

TASK FORCE #4: Development of Government Relations. **APPENDIX II**
This area, of critical sensitivity, has long been identified as a prime necessity for the Association. The goals and objectives of this Task Force are appended.

**REPORT: A STRATEGIC PLANNING PROCESS
CANADIAN DENTAL ASSOCIATION**

To date, considerable preliminary work has been accomplished and it is the intent that the four Task Forces proceed with their respective responsibilities and that their "input" would be placed into the system as developed. It would/should not be a "start-stop" mechanism, but one of evolution, evaluation and integration. Tests would be developed for each activity to determine if they were in alignment with the potential goal accomplishment of CDA.

Each Task Force would have specific target dates and would be reviewed by Executive Council at their regular meetings. The Board of Governors annual meeting in October 1985 would be the target whereby all Activity Plans of the Association's operation would be aligned and coordinated with the presentation of the 1986 Budget.

In an agreement with Ray Rouse Communications Ltd. Mr. Ray Rouse and Mr. Bill Wilton have been retained to fulfill two primary concerns:

1. Ray Rouse will advise and direct in the Three Task Forces of Roles and Responsibilities; Mission and Activity Planning.
2. Bill Wilton will primarily direct the development of Government Relations and assist Ray Rouse with the other Tasks.

The agreement is essentially one of a per diem of \$600.00 for consultation services, (and could be terminated by either party upon 30 days notice). The estimated cost will be \$33,000 for 1985 and \$17,000 in 1986, for a total of \$50,000. It is the intent that the consultants will direct, advise and assist senior staff, Management and Executive Council in the development of the process and once in place we will be self-sufficient and more than capable of determining our own destiny.

The expenditure of \$50,000 will have two great impacts upon our Association. The first one of Strategic Planning - a calculated system of having every activity aligned with Association aims and objectives. The second impact, initially needed - will be a specific, planned mechanism of government relations.

Respectfully submitted

P. Ralph Crawford, D.M.D.
President

ADOPTION OF REPORT:

The Board of Governors accepts the report on Strategic Planning with appreciation.

CDA ACTIVITY PLAN OUTLINE

CODE | | | | | | | | | |

TITLE _____

PERSON RESPONSIBLE _____

APPROVAL REQUIRED _____

DATE _____

BACKGROUND _____

PURPOSE _____

GOALS

OBJECTIVES

ASSUMPTIONS

DESCRIPTION

IMPACT

IMPLEMENTATION
PLAN

EVALUATION

COST - FINANCIAL

COST - OTHER RESOURCES

ALTERNATIVES

GUIDE TO COMPLETION OF THE

CDA - ACTIVITY PLAN OUTLINE

CODE | | | | | | | | | |

TITLE:

PERSON RESPONSIBLE:

APPROVAL REQUIRED: (group - individual etc.)

DATE: (Date of completion of Activity Plan Outline)

BACKGROUND: Why is the project needed? Describe the background conditions and needs of this project. The reason for choosing the project should outline the specific situation that is being addressed. What is the socio-economic-political context of the project?

PURPOSE: What is the mission of the project?

GOALS: Broad philosophical targets to which the project would contribute. Goals should identify facets of the Association's mission for its work in this project.

OBJECTIVES: Specific targets which the project is designated to accomplish. Quantifiable and related to a goal. Based on measurable data.

ASSUMPTIONS: Intuition of planner judgements not necessarily backed by methodical or scientific data. Based on experience. "FEELING"

DESCRIPTION: (structure) Staff roles; volunteer roles (Board/Councils/Committees); meetings required; general organization; leadership; training; How will it "fit" into Association structure?

IMPACT: On responsibility area, on other responsibility areas, political impact - external and internal.

IMPLEMENTATION PLAN: Flow chart, targets, dates, times, task sequence.

EVALUATION: Methodology, criteria for success to be used, flow chart - dates, times, WHO WILL EVALUATE.

COST-FINANCIAL (income, expense, surplus/deficit)
OTHER RESOURCES (staff time required) - (volunteer time required)

ALTERNATIVE(S): Staff assessment, recommendations.

CRITERIA FOR SUCCESS

- Target dates met
- Within budget (close to budget targets)
- Creative initiative, personal contribution
- Have goals been met
- Consistency of outcomes to proposal
- Consumer satisfaction
- Benefits in areas not predicted
- Impact on members
 - those involved
 - generally
- How well the implementation went
- Intra-personal analysis
 - was the project completed without causing a great deal of tensness; stress and/or "uptightness"
- Numbers affected

CANADIAN DENTAL ASSOCIATION

GOALS

- ° To operate both in the public interest and the interest of dentistry through anticipation of government needs and action.
- ° To understand where dentistry can best serve Canada and Canadians and assist governments in meeting this national interest.
- ° To input, where appropriate, into government policy development in relation to dentistry.
- ° To have the contribution dentistry makes and can make in the future to Canadian's well-being appreciated by elected officials, public servants and Canadians generally.
- ° To be recognized by governments as the leading authority for dentistry in Canada.
- ° To be recognized as an important source for unbiased technical information and knowledge on all aspects of dentistry.
- ° To carry out activities with governments in a knowledgeable and professional manner.
- ° To have the activities of the CDA co-ordinated in such a way as to provide the most effective impact for the resources utilized.
- ° To encourage a sense of ownership on the part of the dental community of the CDA's government relations activities.



CANADIAN DENTAL ASSOCIATION

OBJECTIVES

- ° Establishment of an ongoing government relations co-ordinating committee.
 - establish roles and responsibilities
 - determine membership criteria
 - obtain appropriate authorization to entrench the committee
- ° Development of in-house up-to-date information on government structures and officials both federally and provincially and a system to maintain currency.
- ° Identify key issues requiring a formal CDA position.
- ° Set time frames and methodology to formulate and establish necessary policy positions.
- ° Determine appropriate third party involvement eg. CMA, suppliers, corporate body, legal firm, etc.
- ° Decide on the theme(s) and message thrust to pursue in government interaction.
- ° Determine approved spokespersons for each policy position.
- ° Decide and organize, as appropriate, special events such as caucus meetings, ministerial meetings, chief of staff meetings, general departmental meetings, etc.
- ° Establish a system to effectively inform, link and monitor spokespersons for government relations activities which provides consistency without unduly hampering entrepreneurship and individualism.
- ° Provide for an educational program which will expose key CDA spokespersons to the most knowledgeable practitioners in the various government relations specialities at dinners, mini-seminars, executive courses, etc.
- ° Examine for consistency and the potential for using in the government relation activities directly and/or indirectly - the journal, the public awareness program and regional initiatives.
- ° Put in place at the outset a program to inform and solicit information and advice from ministers, public servants, dental faculties, regional presidents and executive directors, committee and council chairmen, health professionals, and others as appropriate.

.../2



- ° Initiate a pairing approach to members of parliament.
- ° Develop a one to five year general government relations activity plan outline which includes the points made above with evaluation criteria. This document will be imprecise initially but will improve as collective knowledge and experience is gained in government relations.
- ° Determine how the government relations committee will provide strategic direction and control of the activities described above and ensure that the terms of reference are adequate.



PRODUCT ACCEPTANCE COMMITTEE

REPORT TO THE 1985 CDA INTERIM BOARD OF GOVERNORS

Members: Dr. W.B. Chapple, Chairman, Ontario
Dr. R.Y. Barolet, Quebec
Dr. G. Nikiforuk, Ontario
Dr. J. Speck, Ontario
Dr. W.C. Sturtridge, Ontario

Observer:

Dr. T. Dubas, Health Protection Branch, Health & Welfare

1. Committee Meetings

The committee met once since the last Board of Governors meeting, that being on November 9, 1984.

2. Block Drug - Sensodyne F

A new application was reviewed with extensive documentation, submitted by Block Drug for Sensodyne F. It was concluded that the company's evidence met CDA's requirements and the Seal of Recognition has been granted.

3. It was noted, however, that Block Drug's main promotion of this product had previously not been directed toward caries prevention. The main thrust of the advertising had been toward tooth and gum sensitivity. Advertising will be closely monitored to ensure that the Seal of Recognition is attached to the caries prevention aspect of the product. The company has been advised that all advertising copy must be approved by the CDA whether the seal is used in the ad or not.

4. Oral B-Labs - Zendium

The Committee reviewed follow-up data which had been requested at the last meeting for Zendium toothpaste. Members were satisfied that the CDA Seal of Recognition can now be awarded to Oral-B Labs for Zendium.

5. It will be pointed out to the company that all advertising relative to Zendium must exclude any mention of the enzymes as an active ingredient in the formula, and that CDA must approve all advertising relative to the product with emphasis placed on the anti-caries aspect of the formula. The CDA statement is also required in full.

PRODUCT ACCEPTANCE COMMITTEE

6. Advertising

Advertising copy was reviewed for Procter & Gamble - Crest; and Colgate-Palmolive - Dentagard toothpaste. In the discussion that followed, the committee's attention was focused on the need to review the CDA guidelines on advertising, particularly as they relate to comparative advertising.

7. It was also noted that the main thrust of some of the advertising submitted makes anti-plaque and not anti-carries claims. The committee emphasized that the anti-plaque claim should be secondary and should only apply to mechanical plaque removal through brushing and flossing.

8. Non-Prescription Dental Product Review

The committee reviewed a letter from Dr. Don Ross (former Acting Senior Dental Consultant, Health & Welfare), requesting CDA's assistance to review applications by companies that want approval to market non-prescription drugs. More specifically these are dental product applications such as cosmetic products (toothpastes, mouthrinses), self medication (fluoride products) and professional products (perio packs and denture liners, etc.)

9. It was noted that the present mandate of the committee does not allow a formal relationship in this area. However, Dr. Dubas' presence on the committee allows for an informed exchange of information pertaining to these issues.

10. Seal of Recognition for Denture Cleaners

The committee reviewed a letter from Dent-Appeal relative to the CDA Seal of Recognition for a denture cleaner. It was noted that the American Dental Association reviews products such as this. The committee directed that Dent-Appeal be notified that such an evaluation, and recognition by the CDA, was beyond the mandate of the committee at the present time.

11. Plaque Control

A special presentation was made to the members on research that has been undertaken on the therapeutic nature of Listerine for plaque control. It is evident that Warner-Lambert seeks endorsement by both the Association and Health Protection Branch for its anti-plaque claims.

PRODUCT ACCEPTANCE COMMITTEE

12. Plaque Control - Continued

It was again pointed out that this matter is beyond the mandate of the committee to endorse any such therapeutic claims. The request to provide names of experts who could assist in evaluating such claims was received from the representative of Health Protection Branch.

13. Review of Committee's Terms of Reference

Members agreed that a need is apparent for a review of the terms of reference of the Product Acceptance Committee, particularly as they relate to anti-plaque activities in the market place and the mandate of the American Dental Association's Council on Dental Therapeutics.

14. A special meeting is scheduled for January 21st in Ottawa to review this matter and a representative of the ADA Council will be invited to attend.

Respectfully submitted,

B.W. Chapple, D.D.S.
Chairman
Product Acceptance Committee

ADOPTION OF REPORT

The Board of Governors receives the report of Product Acceptance Committee with appreciation.

PRODUCT ACCEPTANCE COMMITTEE

Report of a Special Meeting to Review P.A.C. Mandate and Advertising Guidelines held January 21, 1985

- Present: Dr. W.B. Chapple, Ontario, Chairman
Dr. R.Y. Barolet, Québec
Dr. T. Dubas, Ontario
Dr. J. Speck, Ontario
Dr. W.C. Sturtridge, Ontario
Mr. H.E. Drouin, Executive Director
Miss L. Teteruck, Director of Educational Services
Mrs. P. Cunningham, Information Officer
- Regrets: Dr. G. Nikiforuk
- Guests: Dr. E.W. Mitchell, ADA, Secretary, Council on Dental
Therapeutics
Dr. P.R. Crawford, CDA President
Mr. M. Sarner, Manifest Communications

Review of American Dental Association's Mandate and Activities

Dr. Mitchell commented that the CDA's present Seal of Recognition program is based on prevention, whereas the ADA program is aimed at preservation.

He advised that the American Dental Association does not charge manufacturers for applications or renewals; however, they have contacted the manufacturers to solicit independent research funds.

The American Dental Association has developed a booklet entitled "Clinical Products in Dentistry", which is published every two years, and lists 450 dental products which have been evaluated by the ADA.

Dr. Mitchell informed members that the ADA has an in-house research laboratory, and that companies submit their clinical data to be reviewed by members of the Council on Therapeutics. He explained that a number of staff persons are assigned to the program - i.e. one to administrate the program and others are responsible for monitoring the advertising for individual companies.

Dr. Mitchell also advised that the American Dental Association has developed several statements to suit the products that have been approved. He mentioned that his Council does not have the authority to decide on which advertisements should or should not be published in the ADA Journal.

PRODUCT ACCEPTANCE COMMITTEE

Review of American Dental Association's Mandate and Activities (cont'd.)

Members were informed that since dental caries is not a major problem now, the ADA has developed a statement concerning plaque.

The working relationships between the Product Acceptance Committee and Health Protection Branch, Health & Welfare, parallel those of the American Dental Association and the Federal Drug Administration in the U.S.

P.A.C. Mandate Review

The Committee then addressed particular issues, such as whether the P.A.C. guidelines should be changed and the Seal of Recognition program expanded to include other therapeutic areas of dental health.

Discussion followed on the benefit of remaining a committee under the Executive Council, vis-a-vis requesting full council status. The decision of the members was that there is decided value in remaining an Executive Council committee. This enables members to deal with business on an as-needed basis. However, it was suggested that there would be value in requesting the appointment of an executive liaison. This would permit direct reporting to the Council and keep Executive members apprised of the tasks of the committee. A further benefit would be in the educational component for upcoming presidents.

Dr. Crawford referred members to the strategic planning that is being carried out presently for all council and committees, and suggested this scenario may well fit into the future plans.

It was agreed that the mandate of the committee should be enlarged if possible to monitor claims in a responsible way. The ADA had agreed to approve other claims and products for this reason and CDA deals with the same product manufacturers.

It was suggested that the initial expansion would be to anti-plaque claims only — regulations will be formed as the guidelines are developed. Certain specifications and rules will be set out for specific lines of products, as the Committee feels it can further expand its mandate.

A name change was also suggested to encompass a future mandate, and a history of the Product Acceptance Committee, its present status and future benefits of enlarging the mandate will be prepared to accompany the recommendations. This will be presented to the next Executive Council meeting in February.

APP. A

P.A.C. Mandate Review - Continued

Dr. Mitchell offered to forward the American Dental Association anti-plaque statement to the Committee for information in the very near future.

It was further suggested that when guidelines are developed liaison with the American Dental Association is essential and there will be an exchange of minutes between the ADA and CDA.

RESOLVED:

- 85.10** WHEREAS the guidelines of the Committee on Product Acceptance, limiting it to the evaluation of fluoride containing dentifrices and mouthrinses is restrictive in the face of an ever expanding market of consumer products available for preventive dentistry; and
- WHEREAS no liaison exists with the Executive Council;
- THAT** a) the name of the Committee be changed to "The Committee for Consumer Products Recognition";
- b) the guidelines be expanded to cover consumer products used to promote dental health,
- and that individual products will be considered only when guidelines are prepared for the general class of products; and
- c) that a liaison be named between the Committee and the Executive Council

ADOPTED

Respectfully submitted

Dr. W. B. Chapple
Chairman
Product Acceptance Committee

ADOPTION OF REPORT

The Board of Governors receives the report of Product Acceptance Committee with appreciation.

COMMITTEE ON PRODUCT ACCEPTANCE

History:

In 1976, the Board of Governors adopted a Seal of Recognition program to be administered by the Committee on Dental Materials and Devices, reporting to the Executive Council. The costs of product evaluation would be borne by applicants for the Seal of Recognition and applications accompanied by an initial payment of \$2,000 to underwrite any expenses incurred by the CDA in investigating the validity of the party's claim.

Colgate-Palmolive and Procter and Gamble were requested to fund the expenses jointly to send a qualified dental representative to the American Dental Association's testing facilities to review their research and report back to the Council.

In 1977, the Board resolved to continue a program of CDA acceptance of therapeutics which aid in prevention of dental diseases, and also resolved that a Council on Therapeutics be established as soon as possible with the following terms of reference:

- 1) to administer CDA's Seal of Recognition program; and
- 2) to advise on therapeutic claims in journal advertising.

Until the Council was established, a subcommittee of the Council on Information Services was authorized to perform these functions under the name of the Committee on Therapeutics. This Committee would consist of five (5) members representing expertise in preventive dentistry, clinical trials and epidemiology, clinical research in prevention of caries, clinical research in the prevention of periodontal disease and dental materials.

At the same time, the Board of Governors granted authority to the Executive Council to appoint Supporting Members of the Association to membership on the proposed Council on Therapeutics or as its Chairman, in addition to the Active Members elected by the Board.

Costs of monitoring advertising of recognized products were to be apportioned to manufacturers.

A statement of "Provisions for the Acceptance of Therapeutic Products used in the Prevention of Dental Disease by the CDA" was adopted and a draft agreement between CDA and applicants for the Seal of Recognition was approved.

COMMITTEE ON PRODUCT ACCEPTANCE

Permission to use the CDA Seal of Recognition would expire at the end of three (3) years from the time it was granted, but be subject to renewal. The Council on Information Services named the Committee on Product Acceptance with members Drs. Richard Roydhouse, Gordon Nikiforuk, Ralph Barolet, Ian Vogan, John Stamm and William Sturtridge.

In 1978, the Board of Governors again approved support of the concept of approving therapeutic dental products.

The CDA Seal of Recognition legal agreement was approved in 1979 and the Council on Information Services directed to consider all applications for the Seal from manufacturers for not only therapeutic toothpaste but also mouthwashes (rinses) which contain fluoride. Applications for the Seal received after June 15, 1979 were charged an initial fee of \$4,000.

In 1980, the Committee on Product Acceptance became a subcommittee of Executive Council with the following terms of reference:

- a) to advise on CDA's Seal of Recognition program; and
- b) to advise on therapeutic claims in journal and medial advertising

In 1981, in order to establish representation similar to that on other committees of Executive Council, the five members of the Committee and its Chairman were appointed by the Executive Council for a period of one year.

In 1983, concerns had been received from both the profession and the general public regarding claims made in recent advertisements that certain toothpastes were capable of reversing tooth decay. These ads and new copy were received and the Committee prepared the following two principles relating to fluoride advertisements and tooth decay as a guideline for manufacturers of dentifrice:

1. Early (initial) stages of tooth decay:
 - a) is evidenced by loss of minerals
 - b) appears on the surface with subsurface demineralization
2. Fluoride reverses the above early stages of decay only. It cannot reverse cavities or reverse the whole process. It cannot heal cavities.

In 1984, because of elevating costs of the Product Acceptance Committee over the previous years, the Board of Governors granted a fee increase as follows:

A) Application	from \$4,000 to \$5,000
B) Renewal	from 1,000 to 2,000

Present:

CDA Statement Which Accompanies the Seal of Recognition

" Product" contains "Ingredient" which is, in our opinion, an effective decay preventive agent, and is of significant value when used in a conscientiously applied program of oral hygiene and regular professional care."

Aqua-Fresh Toothpaste - Beecham Canada Inc.
Macleans Toothpaste - Beecham Canada Inc.
Sensodyne F Toothpaste - Block Drugs
Colgate Toothpaste - Colgate Palmolive Canada
Colgate Modified Formula for Dispenser - Colgate Palmolive
Dentagard Formula for Dispenser - Colgate Palmolive Canada
Dentagard Toothpaste - Colgate Palmolive Canada
Zendium Toothpaste - Cooper Labs (formerly) now Oral B Labs
Aim Toothpaste - Lever Detergents Ltd.
Crest Toothpaste - Procter & Gamble
Listermint Mouthwash - Warner Lambert Canada Ltd.

Before a company can have a dental product recognized by the Canadian Dental Association, that firm must apply in writing, with supporting data, providing all relevant information and evidence of the nature of component ingredients and their properties, effects, dosages, usefulness and safety. Applications must also provide specific attestations:

1. establishing the safety of the product;
2. establishing that manufacturing and laboratory facilities are under the supervision of qualified personnel and are adequate to ensure purity and uniformity of products and accuracy of labelling; and,
3. establishing the efficacy of the product.

All supporting materials must include data from clinical and laboratory studies.

Extract from application
SCH. A pg. 4 of (5)

(a) New Product with a New Therapeutic Agent:

- (i) Laboratory studies on animals to measure toxicity and biocompatibility, and studies on fluoride stability and availability as required by the Health Protection Branch.
- (ii) Clinical trials on human subjects on caries:
These shall conform to F.D.I. or WHO Guidelines in trial design. A minimum of 2 trials for 24 months in different geographic locations by different examiners with numbers large enough to establish beyond reasonable doubt that the therapeutic claim is validated, and that the level of efficacy is significant as judged by the CDA Committee.

(b) New Product with Established Therapeutic Agent:

As above, in Section 1, except that 1 trial for 24 months could be accepted.

(c) Recognized Product with Same Therapeutic Agent Incorporating a Formulation Change:

- (i) The onus will be upon the Applicant to show that any change does not alter the oral availability of the therapeutic agent, otherwise the submission should be under Section 2.
- (ii) Formulation or manufacturing changes should be notified to the CDA as well as the Health Protection Board.
- (iii) Applicants should allow sufficient lead time.

Because of the limitation of the present mandate of the Committee, many requests for the Seal of Recognition are turned away. The number of dental products that are available in the marketplace has been increasing, and the Product Acceptance Committee felt the time was right to review the present guidelines. As a result a special meeting was held with representatives present from both the American Dental Association and Health Protection Branch, Health and Welfare.

COMMITTEE ON PRODUCT ACCEPTANCE

Future:

There is ever-increasing pressure on the Committee to expand the present guidelines, and at a special meeting to review the documents, terms of reference and advertising, the Committee arrived at conclusions which are advanced in the attached report.

The American Dental Association has expanded the mandate of its Council on Dental Therapeutics to encompass many dental products that the CDA does not consider.

It was concluded that dental products manufacturers are going to advertise certain claims with or without the approval of dental associations. It was deemed preferable to the ADA that the claims be monitored in a responsible way, and subsequently the Council on Dental Therapeutics agreed to approve other claims and products.

Dental products manufacturers have proven to be good corporate citizens, genuinely interested in good oral health for Canadians, and together the CDA and these companies can assure Canadians of the best in dental care and products.

The Canadian Dental Association's participation in the Seal of Recognition program lends further credence to one of the aims of the Association, i.e. to protect the public. The assurance given with the Seal of Recognition is that the product fulfills its claim and does not falsely advertise.

In the light of the Dental Awareness Program, it seems appropriate to give added support to preventive dentistry products claims.

It is recognized that a change in direction will involve a change in staff commitments, both internally and externally, and advertising guidelines will be a part of the program review in future.

The Committee agreed that the program should be expanded when guidelines and regulations are prepared for specific lines of products.

Anti-plaque claims would be the first to be considered, and a document prepared to regulate these claims.

The ongoing role with Health Protection Branch, Health and Welfare will be important to the program, as well as liaison with the Council on Dental Therapeutics of the American Dental Association. Guidelines developed will essentially fit with those of the ADA.

Different statements will be prepared to accompany different claims, other than that used for fluoride products.

Jan. 1985

THIRD PARTY DENTAL PLANS COMMITTEE

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

MEMBERS: Dr. D. E. MacFarlane, Chairman, Vancouver
 Dr. D. Gutkin, Manitoba
 Dr. T. Gushue, Newfoundland
 Dr. W.G. Leggett, Ontario
 Dr. R.J. Markey, Executive Liaison, Vancouver

Committee Meetings:

1. The first meeting of the CDA Third Party Dental Plans Committee was held on December 10, 1984 at the headquarters building in Ottawa beginning at 9 a.m.
2. The Committee Chairman, Dr. MacFarlane, welcomed the members to Ottawa and expressed his thanks to them for accepting membership on this Committee. The President, Dr. Ralph Crawford joined the group briefly to wish them success in their endeavours and observe their deliberations.
3. In his opening remarks Dr. MacFarlane stated that the goal of the Committee was to try and be very active in the area of communications with third party carriers and provincial organizations and to serve as a national resource. It was the hope that this Committee would anticipate problems rather than react to them and have established material ready to provide to those seeking assistance.
4. Some initial objectives and priorities were established as follows:
 - (a) To expedite the completion of a standard claim form.

Problems had arisen in this area in connection with the dentists' signature, some opinions being that no signature requirement would speed up the process of payment and others feeling that no signature would create the possibility of errors occurring because that last opportunity for checking had been eliminated.

5. (b) Guidelines for audit procedures.

With the rise in computer use and the prospect of claims being processed directly through the computer it was evident that the insurance carriers would be looking at ways of auditing practices to assure themselves that monies were being handled correctly. In view of this it was considered important that guidelines be set out for audit procedures acceptable to the profession. Dr. Gushue agreed to begin work on drawing up guidelines for further discussion with provincial bodies.

(c) Guidelines — dental consultants

Concern was also expressed that it was difficult to deal with dental consultants when requests received from insurance carriers did not name a specific person for reply. It was considered important that a list of the current consultants be compiled and made available for information and use of corporate members.

(d) Fraud

Guidance in this area was considered to be of prime importance to inform members on this matter and how to avoid becoming involved in fraudulent practices.

(e) Education

Educating members in all aspects of third party dealings is considered to be a very important priority of this Committee.

6. Processes and Responsibilities

- (a) It was felt that the profession should be informed about current problems created by the practice of assignment. Dr. Leggett will send current examples to Mr. Henderson for possible publication in the Communiqué. Such items could be placed in the Communiqué as frequently as possible.
- (b) It was planned to arrange a meeting with representatives of CHLIA, the non-profit dental plans representatives and government representatives early in 1985. The Chairman noted that he would also be calling on members to accompany him when meeting with insurance carriers in their area in order to bring some local expertise into the discussions.

THIRD PARTY DENTAL PLANS COMMITTEE

Processes and Responsibilities (cont'd.)

- Priority for such meetings will be given to arranging a meeting with Atlantic Blue Cross involving Dr. MacFarlane, Dr. Gushue, Dr. J. Thompson and Mr. D. Pamentier.
- (c) The Chairman will be contacting the person responsible for third party liaison in his own province as well as Alberta. Dr. Gutkin will be handling this responsibility in Saskatchewan and Manitoba; Dr. Leggett would be responsible for Ontario and Quebec and Dr. Gushue will deal with the Atlantic Provinces.
 - (d) Consideration will be given to setting up a sub-committee to collect and distribute information to consumer groups, company personnel administrators and employee benefits administrators. It was also noted that this sub-committee would have to consider what was available and if it could be used or if new information would have to be created to fill this need.
 - (e) The development of a standard computerized dental claim form will be a priority which will be dealt with at once. The updating of the CDA Uniform System of Coding and List of Services is complete to date, and further updating would be the responsibility of Dr. Donald Gutkin of Winnipeg as well as the development of a computerized dental claim form.
 - (f) It was felt that provincial bodies should be liaising with provincial governments and that it was the responsibility of this Committee to provide as much information as possible for their use. An attempt would be made to obtain information from all areas of the country and to make it available to anyone interested.
 - (g) Consideration was given to forming a sub-committee to be responsible for review and monitoring of alternative methods of delivery of dental care (capitation, closed panel, preferred provider organizations). The Chairman will research membership responsibilities for this sub-committee.

APPENDIX 1

THIRD PARTY DENTAL PLANS COMMITTEE

Processes and Responsibilities (cont'd.)

The Committee therefore recommends:

THAT the budget as outlined
in APPENDIX I of the Third Party
Dental Plans Committee report for
the year 1985 be brought to the CDA
Board of Governors for approval.

Respectfully submitted,

D.E. MacFarlane
Chairman
Third Party Dental Plans Committee

ADOPTION OF REPORT

The Board of Governors receives the report of Third Party Dental Plans Committee with appreciation.

THIRD PARTY DENTAL PLANS COMMITTEE

BUDGET

It was felt that in the initial year in order to get communication with all groups fully active it would be necessary to have four meetings.

The sub-committee on Alternate Delivery Systems consisting of three people would require two meetings with the approximate cost per meeting being \$3,000.

It is the hope of the Committee to meet with outside groups either immediately before or immediately after meetings of the Committee so that additional travel expenses would not be significant.

The above budget for Third Party Dental Plans Committee for the year 1985 is presented to the Board of Governors for approval.

Cost of four meetings of Third Party Dental Plans Committee for year	\$16,000
Cost of two meetings of Alternate Delivery Systems sub-committee for year at approximately \$3,000 per meeting	<u>\$ 6,000</u>
TOTAL	<u>\$22,000</u>

January/85

COMMITTEE ON SALARIED DENTISTS

REPORT TO THE INTERIM MEETING CDA BOARD OF GOVERNORS
MARCH 8-9, 1984

Members: B. Gen. J. N. Wright, Chairman, Ontario
Dr. H. L. Goldberg, Saskatchewan
Dr. R. K. Ryan, Ontario
Dean A. Schwartz, Manitoba
Dr. R. A. Turcotte, New Brunswick

1. Committee Meeting

The Committee of Salaried Dentists met on September 29, 1984, in Ottawa. All members were in attendance with Major J.A. Sutherland acting as recording secretary.

2. General

Members of the committee are of the opinion that the committee is serving a useful purpose both for salaried dentists and the Canadian Dental Association. Feedback to committee members indicates that a number of salaried dentists are pleased with the action of the Board of Governors which established a mechanism whereby concerns and expectations of salaried dentists can be directed.

3. The committee reviewed the minutes of the meeting of 3 March, 1983, and expressed pleasure on the positive action which has been taken by the Executive Council regarding requests by the committee. They were especially complimentary regarding the open letter to salaried dentists by President Bob Hicks which appeared in the August 1984 issue of the Journal and also the action of Dr. Hicks as Chairman of the Taxation Committee regarding a request to the Department of Finance, Government of Canada, to grant tax exemption privileges to salaried dentists for continuing education expenses.

4. Committee Terms of Reference

Concern was expressed that no provision is made in the Committee's Terms of Reference for continuity of membership. It is requested when appointments are made to the Committee that due consideration be given to ensuring sufficient appointments as renewed from year to year to accomplish this requirement.

COMMITTEE ON SALARIED DENTISTS

5. Continuing Education Benefits

The committee is satisfied with the Executive Council decision that firm guidelines for continuing education could not be developed by the CDA on the basis that such activity lies within the jurisdiction of the provinces. It is, however, felt that the CDA should develop a policy statement of a philosophical nature regarding the requirements for dentists to attend continuing education courses.

The Committee therefore recommends that the CDA endorse the following resolution:

RECOMMENDATION:

WHEREAS continuing education courses in dentistry are designed to maintain dentists' basic levels of expertise in the essentials of present-day dentistry. Such courses are vital to the practices of both specialists and general practitioners.

THEREFORE BE IT RESOLVED:

THAT the CDA supports the premise that continuing education courses are an essential and vital element in fulfilling dentists' public and professional obligations to maintain their standard of professional excellence.

6. Data Bank

The data bank on salaries of salaried dentists has proven very beneficial to concerned dentists. The collection and tabulation by CDA headquarters staff is working well. The committee requests additional information be added to the data bank and that it be requested in conjunction with the annual update of the salary data bank. The desired additional information concerns the continuing education benefits which are provided by the employers of salaried dentists. Examples of information of value would be the number of courses authorized, monetary limits for attendees leave authorization, etc. The policy of the Faculties of Dentistry should be included in this survey.

COMMITTEE ON SALARIED DENTISTS

7. Portability and Retention of Provincial Licences

Because of the mobility of salaried dentists, a concern remains regarding the problems encountered by dentists in moving from one province to another and in retaining a licence while out of a province. In order that this problem can be studied in depth it is requested the Executive Director CDA obtain the present policy on portability of licence from each provincial licensing body. It would be beneficial to know which provinces have non-resident fees and what are the regulations regarding re-licensure once a licence has lapsed due to movement to another province.

8. CDA Membership Fees - Salaried Dentists

As a result of a request submitted by Dr. Ryan, on behalf of the salaried dentists in Ontario, the committee re-examined the ramifications of reduced membership fees for salaried dentists. The basis of the request was the acceptance of a reduced fee for salaried dentists by the Ontario Dental Association. The attached memo of August 24, 1984, from the Director of Administration to the CDA Executive Director, was used as a basis in the discussions. It was pointed out that the dentists in the eight provinces where CDA dues form part of the provincial licence, enjoy the benefit of having the CDA dues tax deductible: such is not the case in Ontario or Quebec. As such, Dr. Ryan is of the opinion that an acceptable alternative to reduced fees would be the development of a mechanism for dentists in voluntary provinces to have their CDA membership fees become tax deductible.

9. It is the committee's opinion that in order for the income from salaried dentists' memberships to remain at its present level that a CDA membership of approximately 85% of the salaried dentists in Ontario would be required if a reduced membership fee of \$150.00 was adopted for salaried dentists in voluntary provinces. Although membership statistics for salaried dentists paying a reduced fee in the Ontario Dental Association were not available to the committee this level of voluntary membership does not appear likely. In view of the lack of information on participation of Quebec salaried dentists no valid opinion on the effect of a reduced fee could be made concerning them.

COMMITTEE ON SALARIED DENTISTS

10. Decision

The majority opinion of the committee was that a reduction of fees for salaried dentists in one or two provinces was not in the best interests of the CDA. The subject is of such importance, however, that it is required that the opinion of Executive Council be sought on the matter. Since it appears the movement to a reduced fee for salaried dentists would likely have the effect of a somewhat reduced income for the CDA the questions which require answering are:

- (1) Is increased membership of salaried dentists sufficiently important to overcome a slight loss in income?
- (2) Can a reduced membership fee be applied to only the voluntary provinces salaried dentists?

11. Malpractice Insurance

A letter from a member salaried dentist in which he expressed concern that the malpractice insurance which is paid for in association with a licence from the Royal College of Dental Surgeons of Ontario is not valid outside the province of Ontario, was discussed. The chairman agreed to approach the RCDS to clarify the situation on the matter.

12. A second concern was expressed that salaried dentists who cease clinical practice and continue employment in an administrative capacity may not be covered for in the case of a malpractice situation arising as a result of clinical practice prior to cessation of practice; but initiated after termination of clinical practice. The matter was brought to the attention of CDSPI by Dr. Turcotte and the chairman. The concern was well founded since dentists are presently covered at no expense for a period of five years after termination of clinical practice if they retire or die. CDSPI insurance, however, does not appear to cover a dentist who continues to be licenced and limits his employment to a purely administrative capacity. In such instances most dentists do not continue to renew their clinical malpractice insurance. CDSPI has agreed to amend the malpractice policy immediately to cover such situations. The chairman will query the RCDS on their policy.

COMMITTEE ON SALARIED DENTISTS

13. Registry of Salaried Dentists

A request for the compilation of a registry of salaried dentists by the CDA was discussed. It is the opinion of the committee that such a list is not warranted in view of the time and effort required to create and maintain such a list.

14. CDA Journal

An article on tax planning for institution executives was presented to the committee by Dr. Goldberg for information. After viewing the article it was agreed that a request should be made to the editor of the CDA Journal to have an article prepared for insertion in the Journal which will highlight important tax consideration for salaried dentists. The chairman will forward the article and a request for preparation of a salaried dentists tax article to the editor of the Journal.

15. Representation Committee on Salaried Dentists

Dr. Ryan expressed concern that no representative of salaried dentists from the province of Quebec sits on the committee. He does not feel that other members are sufficiently aware of their situation to represent the view of Quebec salaried dentists. As such it is requested the Executive Director approach the Quebec Dental Association (QDSA) to determine if there is a representative body in the province that could speak for salaried dentists in Quebec.

Respectfully submitted,

J. N. Wright, D.D.S., M.Sc.D.
Chairman
Committee on Salaried Dentists

ADOPTION OF REPORT

The Board of Governors receives the report of Committee on Salaried Dentists with appreciation.

TERMS OF REFERENCE

COMMITTEE ON SALARIED DENTISTS

The following Terms of Reference were developed by the Management Committee and approved by Executive Council - July 8-9, 1983. (Revised by Executive Council November 1984.)

I. Structure

- a) one representative of federal salaried dentists
- b) one representative from each of any three provincial salaried dentists' associations;
- c) one representative of the Association of Canadian Faculties of Dentistry
- d) one self-employed private dental practitioner - preferably a current member of the CDA Board of Governors and not from a province represented in (b).

Appointments to the Committee shall be made annually by the Executive Council and the Chairman of the Committee shall be named by the President.

II Meetings

- a) one meeting annually at the CDA;
- b) if additional meetings are required, authorization by Executive Council is necessary;
- c) the standing policy regarding CDA funding of meetings of Committees will apply.

III Responsibilities

- a) to provide a forum for discussion of common interests and concerns of salaried dentists in Canada;
- b) to review and report on items referred to the Committee by the Executive Council;
- c) to report to the Executive Council on Committee's activities and recommendations.

Board of Governors
September 1983



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

M E M O R A N D U M

TO: Executive Council

FROM: Dr. K. Bentley, Chairman,
Council on Education and Accreditation

DATE: January 31, 1985.

RE: Appointment of Lay Representative to the Council on Education and Accreditation

As you are aware, the CDA Board of Governors has approved the addition of a lay representative to the Council on Education and Accreditation. The criteria considered for the appointment of the lay representative include:

- (a) Ability to bring a public, "non-dental" perspective to the Council.
- (b) Knowledge of education and general familiarity with educational issues and concerns
- (c) Personal stature.
- (d) Potential to work productively with the Council.

I recommend the appointment of Miss Jackie Robarts, (C.V. attached) as lay representative. Miss Robarts meets the above criteria amply, and in addition will bring to Council a much needed ability to reflect the needs and interests of the Community College system in Canada as distinct from the University system.

Miss Robarts has been involved in a variety of activities and has the breadth of public experience required to ensure that the position of lay representative makes a substantial contribution to Council's deliberations. Her experience as a Community College President and as Commissioner on the Ontario Manpower Commission amply illustrate.

Her nomination has been discussed informally with several members of Council and with Mr. Henderson, Director of Accreditation, and there is full support for her nomination although Council has not had an opportunity for a formal discussion. We would like to see Executive Council approval (with subsequent Board of Governors approval) as soon as possible.

Respectfully submitted,

Dr. K. Bentley,
Chairman,
Council on Education and Accreditation.

BJH:dh

Attach.

BIOGRAPHICAL SYNOPSIS

JACQUELINE P. ROBERTS

Jacqueline P. Roberts, the only woman President of a College of Applied Arts and Technology in Ontario, assumed the Presidency of Niagara College, responsible for serving the entire Region of the Municipality of Niagara, in June, 1978. Prior to being named President of Niagara College, Miss Roberts was Vice-President (Academic) of Humber College of Applied Arts and Technology of Metro Toronto. Before her Vice-Presidential appointment in 1977 Miss Roberts served as Principal of Humber's North, Osler and Quo Vadis Campuses from 1974.

A native of Windsor, Miss Roberts is a registered nurse having graduated from the Civic Hospitals School of Nursing in Hamilton, Ontario. She also holds a Bachelor of Science in Nursing degree from the School of Nursing at the University of Toronto and is a candidate for a Master of Education degree in adult education from the Ontario Institute for Studies in Education.

A dedicated educator, Miss Roberts has pledged to improve the quality of all educational services offered by Niagara College to its large and diverse student population.

As a consequence of Miss Roberts' presidency, Niagara College has gradually shifted from an applied arts orientation to one responsive to the heavy metal manufacturing and machining as well as marine needs of the region's businesses and industries, sectors particularly critical to the future of the Province of Ontario.

Miss Roberts has been involved in the various activities of the Committee of Presidents since 1978, served as Chairman from 83-07-01 to 84-07-01 at which time she assumed the position of Past-Chairman. She has been a Commissioner on the Ontario Manpower Commission since 1982.

It is Miss Roberts' goal to work toward the fulfillment of the many needs of our region by helping to provide our future generation with leaders well equipped to cope with the challenges of tomorrow.

1985-01-16

MEMBERSHIP COMMITTEE

REPORT TO 1985 CDA INTERIM BOARD OF GOVERNORS MEETING

Members: Dr. Bill Thompson, Chairman, Trenton, Ontario
 Dr. Brad Holmes, President-Elect, Kenora, Ontario
 Dr. Rita Hurley, Montreal, Quebec
 Dr. Lynn Tomkins, Scarborough, Ontario
 Dr. Ed Busvek, St. Thomas, Ontario

CDA Staff Resource: Jean Scrimger, Director of Administration

1. MEETINGS

The last meeting of the Membership Committee was held in Ottawa, December 10, 1984.

Committee members Drs. Hurley and Tomkins were unable to attend. CDA staff members in attendance were Hubert Drouin, Executive Director, Jean Scrimger, staff resource to Membership Committee, Linda Teteruck, Director of Educational Services, and Pat Cunningham, CDA Information Officer.

2. Items Requiring Board Action1. Membership Committee Member Selection

The absence of a committee representative for Quebec from Executive Council brought about by Dr. Laporte's illness and by Dr. Chicoine's deferral to the next Quebec member on Executive Council, caused some consternation. Members of the Committee agreed that Executive Council representation was important to membership activities. To acquire such representation and to assure continuity; Membership Committee recommends that the Board approve the following motion:

RESOLVED:

85.15 THAT the Executive Council members from Ontario and Quebec be required to sit as Membership Committee members.

ADOPTED

NOTE: The Board requested that percentages be made available to the Interim Board meeting showing the increases and/or decrease in campaign figures.

MEMBERSHIP COMMITTEE

3. Items For Information - Not Requiring Board Action

1. 1985 Campaign

The committee reviewed the 1985 membership campaign. Comparison figures showed we are somewhat behind last year's fee returns at this time. The Chairman mentioned the same concern had arisen last year and that it was his feeling that the January figures would be more reliable. Staff was requested to add total 1984 figures to the weekly report. February eighth figures appended.

APPENDIX 1

Campaign strategy was discussed and, in view of the feedback from the last campaign results in Quebec, it was felt it might be better to emphasize CDA membership towards the end of the campaign period from late January to April.

Staff prepared a special mailout to the 1984 non-members which included a memorandum with a separating business return form and the December issue of the Journal. The return mailer will request a membership information kit. This mailing will be monitored for effectiveness.

A second invoice mailing will be prepared to forward to the coordinators for their assistance in personalizing the requests for membership. This mailing will go to all dentists in Ontario and Quebec who are not a 1985 member at the time of the mailing. The package will be prepared as last year with the inclusion of a procedures sheet for the volunteer worker.

2. Editorial Board Request

The Committee considered a request from the Editorial Board that the CDA Journal be sent to non-members more than once a year. It was proposed that such mailings would allow for greater advertising sales and would at the same time benefit membership promotion.

The Committee decided to use the April issue of the Journal to advise dentists of their non-member status. Notice will be forwarded to the Editorial Board that this is on a trial basis and should monitoring of the response to mailing be positive, consideration will be given to using this promotion method at least twice a year.

MEMBERSHIP COMMITTEE

3. CDA Communication Coordinators

The workshop was reviewed and attention was given the list of materials subsequently mailed to the coordinators and the ODA Governors. Expenses to date were not as high as anticipated and Dr. Holmes proposed that those coordinators who had missed the workshop should be brought to headquarters as this portion of the first visit was such a success. It was felt that a "fly in / fly out" visit could be arranged and was decided that even a couple of hours of their visiting headquarters was worth the cost. Staff will contact coordinators and try to arrange a day in February.

Mr. Drouin updated the Committee on findings from his recent contacts with members in Quebec. He has discovered that three of the Montreal societies' presidents would be interested in learning more about the liaison program and he felt they would attend a meeting arranged at headquarters for this purpose.

He also informed the meeting that our coordinator, Dr. Chenevert had addressed a Quebec society meeting. It was felt that liaison in Quebec is dependent on such enthusiastic CDA members.

The Committee stressed that it is most important for the volunteers to be frequently updated on CDA happenings. Staff will develop a monthly newsletter with flash bulletins being forwarded as required. It was felt all information should be condensed as much as possible. The aim is to forward updates in point form with the occasional inclusion of more complete information on specific topics, such as the Dental Awareness Program.

4. Life Members

APPENDIX 2

The Life membership change has been implemented and staff has notified all dentists concerned.

Committee members were informed that as a result of a decision by Executive Council, those dentists in the mandatory provinces who would have been eligible but had not applied in previous years and/or who through some misunderstanding have not maintained membership, will be granted Life membership on a one time catch up basis.

Respectfully submitted

W.R. Thompson, Chairman
Membership Committee

ADOPTION OF REPORT

The Board of Governors receives the report of Membership Committee with appreciation.

CANADIAN DENTAL ASSOCIATION1 9 8 5 MEMBERSHIP RETURNS AS AT 8th February, 1985

	<u>ONTARIO</u>	<u>QUEBEC</u>	<u>TOTALS</u>
<u>1 9 8 5</u>			
AT <u>66</u> DAYS			
ACTIVE & AFFILIATE	2,313	1,003	3,316
ASSOCIATE	38	23	61
POST GRAD/STUDENT FEES	<u>53</u>	<u>44</u>	<u>97</u>
<u>TOTAL PAID FEES:</u>	<u>2,404</u>	<u>1,070</u>	<u>3,474</u>
LIFE - PAST PRESIDENTS			
HONORARY	<u>343</u>	<u>131</u>	<u>474</u>
TOTAL	<u>2,747</u>	<u>1,201</u>	<u>3,948</u>

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AT <u>66</u> DAYS			
ACTIVE & AFFILIATE	2,467	1,014	3,481
ASSOCIATE	68	39	107
POST GRAD/STUDENT FEES	<u>19</u>	<u>18</u>	<u>37</u>
<u>TOTAL PAID FEES</u>	<u>2,554</u>	<u>1,071</u>	<u>3,625</u>
LIFE - PAST PRESIDENTS			
HONORARY	<u>243</u>	<u>86</u>	<u>329</u>
TOTAL	<u>2,797</u>	<u>1,157</u>	<u>3,954</u>

<u>TOTAL PAID FEES</u>	1984	2,821	1,257
	1983	2,697	1,267
	1982	2,495	1,277

cc: Dr P R Crawford
 Membership Committee
 Anna Spencer, Adv. Mgr.

CANADIAN DENTAL ASSOCIATIONNOVEMBER 1984

The following Dentists are eligible and qualify to become
Canadian Dental Association Life Members:

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRADUATION</u>	<u>YEAR OF BIRTH</u>
DR REGINALD W BALL	NFLD	42	091019
DR ROBERT L BETTS	NFLD	41	310316
DR HERBERT M BUTT	NFLD	31	240607
DR WHITMAN L GOODWIN	NFLD	43	221216
DR W R MAHOOD	NFLD	41	
DR BARTON H MANNING	NFLD	45	160922
DR GERARD MCNALLY	NFLD	51	120819
DR VICTOR L RAMOS	NFLD	41	
DR NAPIER B ANDERSON	NS	43	040518
DR S G BAGNALL	NS	45	050822
DR JULIUS COMEAU	NS	49	151220
DR CORNELIUS G CUSACK	NS	47	110218
DR ARTHUR H ERVIN	NS	44	150518
DR GUY H FAULKNER	NS	53	130420
DR FRANCIS C FENNELL	NS	43	220719
DR E M C FRANKLIN	NS	52	220120
DR E D FRASER	NS	45	
DR MIDFORD R JACKSON	NS	44	
DR HAROLD P MACCORMACK	NS	45	
DR CHARLES A MACINTOSH	NS	45	
DR E L MACINTOSH	NS	52	230720
DR SYDNEY J MCNEE	NS	48	030820
DR JOHN E MERRITT	NS	43	080719
DR IRVING G NATHANSON	NS	44	
DR PERLEY C OUTHOUSE	NS	42	010920
DR E L STEPHENSON	NS	56	170817
DR RICHARD H TAYLOR	NS	43	230819
DR A T WILLIAMS	NS	63	051217
DR M S BRZAK	NB	61	030920
DR ROBERT A COPP	NB	43	151118
DR G A CORMIER	NB	42	080717
DR C E GIROUARD	NB	46	050520
DR K A HETHERINGTON	NB	45	290821
DR LIONEL P MAILLET	NB	49	050520
DR J E SPROUL	NB	42	
DR J D VAUTOUR	NB	45	100521
DR G DOUGLAS ARMSTRONG	QUE	49	190119
DR CHARLES ASSELIN	QUE	43	291219

DR R BARIBEAU	QUE	42	240617
DR IRENA BIENIECKI	QUE	61	201220
DR CHARLES BISSONNET	QUE	42	080315
DR WILLIAM BOYLES	QUE	41	171117
DR ARCHIBALD F CAMERON	QUE	43	
DR MICHEL CAPELLE	QUE	56	110418
DR C LORNE CHURCH	QUE	44	191218
DR C B CRUTCHFIELD	QUE	43	040616
DR EDOUARD D'ENTREMONT	QUE	45	131219
DR NAPOLEON DE LA FUENTE	QUE	45	120726
DR REAL DEBIEN	QUE	44	140519
DR EUGENE S DORION	QUE	41	161211
DR LEO-PAUL DUBE	QUE	46	270820
DR EDOUARD DUBORD	QUE	45	140819
DR CHARLES H DUNDASS	QUE	43	291215
DR GEORGE DUNDASS	QUE	44	
DR ROBERTA DUNDASS	QUE	47	030720
DR ISRAEL L FEINCHNEIDER	QUE	56	011011
DR JOHN HARKNESS	QUE	60	180719
DR RENE HUOT	QUE	46	040320
DR JOSEPH A LAUZIERE	QUE	50	080415
DR MAURICE LAPERRIERE	QUE	44	
DR LEO LAVERGNE	QUE	44	060917
DR ISIDORE LUBIN	QUE	43	280818
DR G MACDOUGALL	QUE	45	
DR CLARKE MERRITT	QUE	48	160515
DR ROLAND NADEAU	QUE	64	160819
DR VIGHEN OHANDJANIAN	QUE	64	111120
DR P A OSTAPOVITCH	QUE	43	
DR GILLES PELLETIER	QUE	42	221214
DR LIONEL PELLETIER	QUE	32	211103
DR LAURENT PICARD	QUE	40	230315
DR L POREZ	QUE	68	280116
DR RUPERT J PYNE	QUE	51	231019
DR EMIL RATHLOU	QUE	51	200918
DR H M ROBICHAUD	QUE	41	061216
DR JULES THIBAUT	QUE	43	061113
DR VINCENT TREMBLAY	QUE	48	070620
DR CAMERON WALSH	QUE	43	
DR DARYL BRUCE WARD	QUE	45	080821
DR WALTER W ANGLIN	ONT	44	000021
DR E HARRINGTON ANTE	ONT	44	120320
DR R APSE	ONT	59	191011
DR NORMAN C BAIRD	ONT	52	250719
DR PAUL A BATES	ONT	50	030620
DR CHARLES A BENSON	ONT	42	181019
DR W E BLACK	ONT	30	
DR H J BOBBIE	ONT	52	170517
DR JOHN C BRICK	ONT	49	051120
DR ROBERT BRILL	ONT	51	201119
DR W A BURLEIGH	ONT	52	080619
DR A G BROWN	ONT	44	
DR H E BUDER	ONT	45	191122
DR G W BURGMAN	ONT	45	071122
DR J A BURSTEIN	ONT	45	220123

DR J R CALLINGHAM	ONT	50	171219
DR G CHAPNICK	ONT	44	260521
DR L SOLOMON CHERNIN	ONT	43	111118
DR W R CLARK	ONT	42	091018
DR EDWARD A CONEY	ONT	49	111118
DR A J COULIS	ONT	51	080817
DR C M CORNISH	ONT	42	290117
DR D E COUSINS	ONT	45	231118
DR J T CROUCH	ONT	43	200521
DR F T CULOTTA	ONT	43	060120
DR R H G CUNNINGHAM	ONT	40	130118
DR W J DOWNER	ONT	50	191220
DR A W EASTWOOD	ONT	42	241020
DR C J ERNEWEIN	ONT	54	270420
DR PETER L FALKNER	ONT	51	160420
DR W H FEASBY	ONT	43	300920
DR ROBERT A FELL	ONT	50	021120
DR JOHN F FREEMAN	ONT	43	250717
DR V P GILBERT	ONT	51	290216
DR G E GILPIN	ONT	51	150320
DR M GOLDBERG	ONT	43	220620
DR ROBERT M GRAINGER	ONT	43	270219
DR J R GRANDY	ONT	43	040819
DR R O GREEN	ONT	43	061218
DR MORLEY G HARDY	ONT	42	160617
DR J E HIBBARD	ONT	42	210117
DR P HLIBOWYCH	ONT	56	250119
DR D J HORRICKS	ONT	35	040555
DR Y L HSU	ONT	51	020518
DR H A HUNTER	ONT	41	110613
DR F A IRWIN	ONT	51	241220
DR DREW P JEFFRIES	ONT	26	
DR J G KAYE	ONT	45	270922
DR JOSEPH V LAFRAMBOISE	ONT	47	220617
DR JOSEPH D LAMPING	ONT	50	031216
DR M J LAZAROWICH	ONT	50	180320
DR PAUL LECHICKY	ONT	56	220119
DR HAROLD LEIB	ONT	52	161120
DR HAROLD LEVITA	ONT	43	230519
DR N B LIGHTFORD	ONT	46	180818
DR ERNEST H LOARING	ONT	42	
DR J LOCKING	ONT	43	140417
DR JAMES LOVE	ONT	54	080718
DR HERMAN J LYN SR	ONT	48	060917
DR D BLAKE MCADAM	ONT	45	050923
DR ROBERT G MCCOLL	ONT	42	040116
DR D T MCQUEEN	ONT	50	181019
DR V J MEILUS	ONT	60	050720
DR ALEX M MILLIGAN	ONT	51	311011
DR IBBIT MOSAHEB	ONT	47	281019
DR GLEN F MUMFORD	ONT	49	211119
DR J H MULLETT	ONT	42	030219
DR MAURICE A MURPHY	ONT	42	
DR EVAN NANOS	ONT	50	020117

DR KENNETH NICHOLSON	ONT	45	041119
DR JOHN NIKIFORUK	ONT	50	020219
DR ALLAN W O'HARA	ONT	42	160518
DR LESTER PARKS	ONT	43	021218
DR K J PAYNTER	ONT	44	170218
DR J A PEDLER	ONT	41	301220
DR AARON L POSEN	ONT	42	150515
DR F O RICE	ONT	59	120320
DR WILLIAM M RUDELL	ONT	44	010619
DR V SADAUSKAS	ONT	56	010917
DR J D SCARFONE	ONT	45	
DR J H ARMAND SENEAL	ONT	49	051017
DR L SHAPIRA	ONT	45	031223
DR HELEN L SHINGLES	ONT	56	120817
DR C V SIBBALD	ONT	43	060918
DR IRVING SIEGEL	ONT	44	160920
DR M H SINGER	ONT	45	120722
DR N SKAAB	ONT	54	090710
DR EDWIN J SMALL	ONT	51	070318
DR C M SMELSKY	ONT	50	281118
DR P T SMYLSKI	ONT	40	250515
DR LEO M SUSSMAN	ONT	43	221218
DR FRANK G SWITZER	ONT	50	040818
DR J C TANTON	ONT	43	
DR LORNE V TAYLOR	ONT	44	240521
DR BARABAR W TIMMERS	ONT	56	160520
DR F W TROPEA	ONT	45	070222
DR JAY W TURNER	ONT	45	120222
DR W C WAID	ONT	51	280720
DR GEORGE F WALDEN	ONT	35	
DR DAVID W WATERHOUSE	ONT	45	081022
R E S WHITE	ONT	44	
DR I C WHITE	ONT	21	171023
DR PAUL A WILLIAMS	ONT	51	191118
DR J WITCHELL	ONT	43	080420
DR ARTHUR W S WOOD	ONT	43	220617
DR AGNES ZARINS	ONT	59	250220
DR BERNARD R ZENER	ONT	45	
DR S M BORDEN	MAN	44	200323
DR G A BRASS	MAN	39	
DR W F CAMPBELL	MAN	50	300120
DDR HANS FAST	MAN	54	250116
DR R D GLENN	MAN	50	010317
R S GRANOVE	MAN	44	
DR LEONARD KARR	MAN	44	270321
DR T KRAWCHUK	MAN	53	280217
DR D R LEVIN	MAN	45	020419
DR A MALKIN	MAN	43	261120
DR A SCHWARTZ	MAN	45	220623
DR M J SNIDAL	MAN	50	060818
DR T G SNIHUROWYCZ	MAN	60	050618
DR N A WINOGRAD	MAN	44	090123
DR M E WOLCH	MAN	50	190120
DR A C BLUE	SASK	44	281020

DR M BROOK	SASK	44	141220
DR W A COTTER	SASK	44	200121
DR H H COWBURN	SASK	50	110220
DR F A FERNET	SASK	44	000020
DR J J MANSON-HING	SASK	41	270620
DR W K MARTIN	SASK	46	180320
R W A BRANCH	ALTA	44	
DR L K BROOKS	ALTA	45	220224
DR R L COSTIGAN	ALTA	50	250319
DR T DEMCO	ALTA	51	310119
DR R M DUNCAN	ALTA	44	260723
DR N J DUST	ALTA	48	050720
DR E D ERICKSON	ALTA	51	040119
DR A D FEE	ALTA	44	100520
DR P R GALAN	ALTA	53	090620
DR J A GIBSON	ALTA	51	280920
DR D S GILMOUR	ALTA	45	
DR R K M GORDON	ALTA	43	260520
DR R A GRAY	ALTA	50	030619
DR C C HARRISON	ALTA	45	120922
DR P F HOLD	ALTA	50	180620
DR J JACKSON	ALTA	44	030319
DR T J N KNIGHT	ALTA	42	260919
DR M J LIPKIND	ALTA	43	060720
DR B A LOW	ALTA	50	311219
DR D H MACDOUGALL	ALTA	41	261218
DR S J MARTENS	ALTA	48	200719
DR H L MATKIN	ALTA	50	201220
DR D B MILLER	ALTA	20	030246
DR PETER POOHKAY	ALTA	49	151113
DR WILLIAM A QUIGLEY	ALTA	43	270319
DR A G RUDOVICS	ALTA	52	151016
DDR H L SAMUELS	ALTA	45	021222
DR A D SPARROW	ALTA	45	151222
R M K STACK	ALTA	50	110118
DR C STEGMANIS	ALTA	53	071017
DR J G WALKER	ALTA	41	
DR F T WOOD	ALTA	50	261119
DR W J AITKEN	BC	52	140220
DR J A ALLAN	BC	44	290619
DR M K BAUMAN	BC	50	070720
DR L W BEAMISH	BC	44	250314
DR G C BLIGH	BC	53	020820
DR E S BLOND	BC	45	260223
DR LOU BLOOM	BC	43	160514
DR L J BOGUE	BC	47	200620
DR RALPH A J BURTON	BC	50	230520
DR A H L CAMPBELL	BC	40	
DR ROY CARROLL	BC	55	010219
DR N CHERNEN	BC	43	200320
DR W S Q CHU	BC	42	101215
DR SHERWIN C COHEN	BC	45	160321
DR G B CRANSTOUN	BC	51	230820
DR ROBERT W DAVIS	BC	42	151014
DR RONALD G DICKSON	BC	52	180919

DR WILLIAM A DOE	BC	54	150815
DR N C FERGUSON	BC	44	280522
DR ARTHUR A FRASER	BC	44	310322
DR A GELMON	BC	50	300820
DR TED J HACKIE	BC	43	020414
DR F M HALL	BC	29	070507
DR WILLIAM G HALL	BC	40	030916
DR JIM E G HARRISON	BC	51	160518
DR NORMAN HIRSCHBERG	BC	44	000020
DR JOHN A R HO-A-SHOO	BC	47	090420
DR DOUGLAS A HOPGOOD	BC	52	240220
DR R L HORNE	BC	50	000018
DR JACK L HORNIBROOK	BC	50	021219
DR E J HYDE	BC	44	151220
DR L W IRONS	BC	43	290919
DR TOM W JAMES	BC	44	140421
DR CARRON B JAMESON	BC	41	151118
DR CARL P JOHNSON	BC	43	210417
DR WILLIAM B JOINER	BC	45	131120
DR MURRAY KRASNOFF	BC	43	160421
DR W H LETHAM	BC	45	
DR CHUCK J LIEBE	BC	39	
DR FRED O LIND	BC	45	250822
DR W ROY MACMILLAN	BC	50	191020
DR A D MACPHERSON	BC	51	181020
DR J P MACPHERSON	BC	45	171121
DR THOMAS A MARTIN	BC	45	
DR D B MCDONALD	BC	50	180519
DR G L MCMURRAY	BC	50	181017
DR DOUG A NORBURY	BC	54	050520
DR A L OGILVIE	BC	44	200121
DR DAVID PARFITT	BC	45	310720
DR JACK N PENZER	BC	42	150123
DR W S PORTEOUS	BC	43	120415
DR JOHN G POWER	BC	54	250920
DR A J S PROTHERO	BC	53	060620
DR J G RYAN	BC	45	261021
DR H W SMILLIE	BC	51	210820
DR CLIF A R STARK	BC	50	210320
DR A N VAN STEKELENBURG	BC	56	101219
DR K J P TAWSE	BC	45	260623
DR KEN M THOMPSON	BC	50	280919
DR W B TOUHEY	BC	47	110318
DR R H TRYTHALL	BC	49	010818
DR RON C TULLY	BC	43	080322
DR ROBERT UNGER	BC	40	140417
DR ROY WALDMAN	BC	44	060321
DR JACK M WARK	BC	41	091015
DR DOUG H WARREN	BC	44	300622
DR M J WATERMAN	BC	44	
DR H G WOLVERTON	BC	52	221219
DR H J KRUSKA	USA	42	210616
DR HAL E LEYLAND	BAHAMAS	43	230718

*Association
des chirurgiens dentistes
du Québec*

APPENDIX J



Le 20 décembre 1984

Monsieur Hubert Drouin
Directeur général
L'Association dentaire canadienne
1815, Alta Vista Drive
Ottawa (Ontario)
K1G 3Y6

OBJET: ENTENTE DE PARTICIPATION

Monsieur le directeur général,

Nous accusons réception, en date du 13 décembre 1984, de trois exemplaires du projet d'entente de participation entre l'Association dentaire canadienne et notre association pour l'année 1985 et nous vous en remercions.

Nous avons étudié attentivement l'entente proposée pour l'année 1985 en la comparant à celle de l'année 1984, tout en tenant compte des amendements que notre association avait proposé d'apporter à ladite entente de 1984.

Or, dans un premier temps, cette étude nous apprend que tous les amendements que nous avons proposés, sauf ceux visant à la concordance entre la version anglaise et la version française, ont été refusés. En nous référant au document que nous vous avons fait parvenir le 29 juin 1984, nous aimerions vous rappeler les point suivants:

- la nécessité pour un «organisme participant» d'être un membre corporatif;
- la possibilité, selon une procédure simple, d'adhérer à un régime auquel on ne participe pas déjà;
- l'obligation d'aviser le coparrain des modifications et des conditions d'un régime, notamment en ce qui concerne la prime, dans un délai imparti;
- l'obligation de redistribuer le surplus non alloué;
- l'acceptation de la concurrence vis-à-vis d'un régime non parrainé;
- l'obligation de répondre, dans un délai raisonnable, à une demande d'analyse ou d'étude d'un régime faite par un coparrain.

Dans un deuxième temps, notre étude nous apprend que les amendements à l'entente de participation de 1984, contenus dans le projet d'entente 1985, consistent principalement à imposer aux organismes participants une procédure d'une lourdeur et d'une complexité telles que le résultat en serait une perte d'efficacité et la momification des divers régimes. Nous désirons à cet effet souligner les points suivants:

- la procédure imposée rend l'adhésion à un régime à peu près impossible, compte tenu du marché des assurances;
- la procédure de cessation oblige à soumettre un avis de cessation et les détails du régime envisagé, avant même de connaître les conditions du régime pour l'année à venir;
- la procédure d'amendement ne facilite en rien l'adaptation de l'entente de participation à l'évolution possible des régimes d'assurance;
- le statu quo inexplicable en matière d'excédents (surplus non alloué);
- le maintien d'une position intransigeante en matière de promotion;
- l'obligation pour un coparrain de renouveler son entente pour 1986 sous peine d'annulation de sa participation à tous les régimes parrainés.

Il nous apparaît donc que le projet d'entente 1985 vise surtout à éviter à tout prix toute modification au système actuel. On semble oublier que la rentabilité des régimes d'assurance offerts aux dentistes canadiens diminuera sûrement si un coparrain ne peut même pas exiger une étude sur un régime donné dans un délai raisonnable. Les régimes actuels offerts sont bons, mais ils peuvent être améliorés. Nous craignons que le projet d'entente de participation pour l'année 1985 n'entraîne une sclérose fort dangereuse.

Dans les circonstances, Monsieur le directeur général, nous demandons la reprise des discussions sur l'entente de participation et ce, en vertu de l'entente de 1984 qui lie toujours notre association, tant et aussi longtemps qu'une autre entente de participation ne sera pas signée.

Veuillez agréer, Monsieur le directeur général, l'expression de nos sentiments distingués.

Le président,


Claude Chicoine, d.d.s.

CC/md

c.c. Dr. P.R. Crawford
Dr. R.N. Hicks
Brig.-Gen. J.N. Wright
Kingsley Butler, CDSPI

APPENDIX J

Letter Dr. Chicoine to Mr. Drouin
December 20, 1984

SUBJECT: PARTICIPATION AGREEMENT

Dear Sir;

We acknowledge receipt in three copies as of December 13, 1984 of the draft Participation Agreement between the Canadian Dental Association and our Association for 1985, and we thank you.

We have thoroughly studied the proposed 1985 Agreement and compared it with the 1984 Agreement taking into account the amendments to the 1984 Agreement put forward by our Association.

First, this study showed that all of the amendments proposed by our Association were refused, except those related to concurrence between the English and French versions. Referring to the document we sent you on June 29, 1984, we would like to remind you of the following points:

- necessity for a "participating organization" to be a corporate member;
- possibility to become, through a simple procedure, member of an insurance plan of which one is not member already;
- obligation to notify the co-sponsor of any amendments to the terms and conditions of a plan, namely the premium rate, within a specific time frame;
- obligation to re-allocate non allocated surplus;
- acceptance of competition by non sponsored plans;
- obligation to respond to a co-sponsor's request for a plan analysis or study, within a reasonable time frame.

Second, our study showed that the amendments to the 1984 Participation Agreement included in the 1985 Agreement proposal mainly impose such a heavy and complex procedure on the participating organizations that the result would be a loss of efficiency and immobilization (momification) of the various plans. We would like to point out the following:

- The procedure imposed makes it almost impossible to join a plan, taking into account the insurance market.
- The Termination Procedure makes it obligatory to submit a termination notice and the details of the alternate plan contemplated, before knowing the conditions of the plan for the following year.

... 2

- The amending procedure does not facilitates in any way adaption of the Participation Agreement to possible changes in insurance plans.
- Unexplained statusquo with regard to surplus (non allocated surplus).
- A strict (intransigent) position is maintained on promotion.
- A co-sponsor is obliged to renew its agreement for 1986 to avoid cancellation of its participation in all co-sponsored plans.

Therefore, in our view the 1985 Agreement proposal seems to be intended to avoid any changes to the actual system at any price. One seems to forget that the profitability of the insurance plans provided to Canadian dentists will surely be reduced if a co-sponsor cannot even request that a study on a specific plan be made within a reasonable time frame. The plans actually provided are good, but they can be improved. We fear the 1985 Participation Agreement proposal will bring about a very severe sclerosis.

In such a case, we request that the discussions on the Participation Agreement be resumed under the 1984 agreement which binds both parties as long as a new participation agreement is not signed.

Yours Truly,

Claude Chicoine, d.d.s.
President

The Ontario Dental Association



APPENDIX J

234 St. George Street
Toronto, Ontario M5R 2P1
(416) 922-3900

January 7, 1985

Mr. Hubert Drouin, C.A.E.
Executive Director
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. Drouin:

I regret to advise you that the ODA is unable to sign the Participation Agreement for sponsorship of group insurance plans in its present form.

Although there are a number of concerns that we have with the document which have previously been communicated to you, our primary concern at this time is the absence of the Registered Retirement Savings Plan as a co-sponsored plan.

Should the contract be amended to include co-sponsorship of the RSP we would be pleased to reconsider our position and would in all probability pursue additional amendments for a future contract year.

Yours truly,



John C. Gillies, B.A., C.A.E.

JCG/pr

c.c. Dr. R.J. Bell
Brig.-Gen. J.N. Wright
Mr. K.D. Butler

TAXATION COMMITTEE REPORT

Members: Dr. R. N. Hicks, Chairman, British Columbia
 Dr. Ralph Crawford, Manitoba
 Dr. Brad Holmes, Ontario

The Taxation Committee has experienced reduced activity over the past six months in response to the call of a Federal election. However, a number of issues related to Customs and Excise Tax have been ongoing. In addition, preparation for renewed communication with the Department of Revenue and Department of Finance has occurred.

The following is a report of specific activities since our last report to the Executive Council and the Board of Governors:

1. Federal Sales Tax on Dental Impression Materials

Revenue Canada Customs and Excise announced earlier this year that it will be imposing Federal Sales Tax on dental impression material. This decision was based on the interpretation that the material was not used in the manufacturing of appliances but was used in preparation for the manufacturing process.

The policy states, generally, that goods or materials used for diagnostic or manufacturing purposes are tax exempt. The Canadian Dental Association, Ash Temple Ltd., and the Dental Consultant in Health and Welfare Canada informed Customs and Excise that this material was also used extensively in diagnostic procedures. We also questioned their interpretation of excluding this material in the manufacturing procedures for prosthetic appliances.

Recently, a letter was received from Customs and Excise dated October 17, 1984 stating:

"as a result of the review, I concur that dental impression materials are used extensively in orthodontic diagnosis. Therefore, these impression materials qualify for exemption from Federal Sales Tax under Section 1 of Part VIII of Schedule III to the Excise Tax Act as any material, substance, compound or preparation...sold or represented for use in the diagnosis...of a disease, disorder, abnormal physical state..."

TAXATION COMMITTEE REPORT

The successful conclusion to this matter is an example of the benefits derived from communication and co-operation between the CDA, the dental trade industry and our Dental Consultant in Health and Welfare Canada. The timely response from Customs and Excise is also gratefully acknowledged.

2. Pre-Tax Pension Contributions

A follow up letter to the Minister of Finance has been acknowledged on this important matter. Our Committee is now attempting to establish a meeting date with the new Minister of Finance following his Economic Statement Paper of November 8, 1984.

3. Professional Management Companies

Another CDA request has been agreed to by Revenue Canada. In a recent letter dated September 27, 1984 (in answer to our letter of May 2, 1984), Revenue Canada states:

"However, there has been a small number of taxpayers who were audited prior to the issuance of the detailed instructions on Professional Management Companies, incorrectly informed that the management fee was reasonable and then reassessed for subsequent years to reduce the amount of the fee. These cases are being considered on an individual basis and appropriate action is being taken to correct any apparent inequity." (Appendix I)

It has always been the CDA's position that the action of Revenue Canada's auditors clearly spells out the policy of the Department to the taxpayer — not the issuance of an internal department directive.

The Taxation Committee has responded to this September 27, 1984 letter by requesting that this decision be applied to all taxpayers utilizing Management Companies who were audited and provide immunity to those who were not audited up to and including the taxation year of 1982 (Appendix II). A letter has also been sent to the new Minister of Revenue (Appendix III).

TAXATION COMMITTEE REPORT

4. Continuing Education Expenses Deduction for Employees

On July 17, 1984 the CDA through the Taxation Committee delivered a letter to the Minister of Finance requesting a change to the Income Tax Act so that salaried professionals (specifically salaried dentists) could deduct continuing education expenses from their employment income (Appendix IV). Basically, the brief highlighted the same arguments used for the reason that self-employed professionals should be permitted to deduct continuing education expenses from their gross income. In addition, the letter acknowledged the fact the employers should be responsible for this expense but this was not occurring.

A response was received from the Department of Finance denying this request in September, 1984. (Appendix V)

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.,
Chairman

ADOPTION OF REPORT

The Board of Governors receives the Report of Taxation Committee with appreciation.

11/84

TAXATION COMMITTEE

REPORT TO THE 1985 CDA INTERIM BOARD OF GOVERNORS

MEMBERS: R.N. Hicks, Chairman, Vancouver
 P.R. Crawford, Winnipeg
 B.W. Holmes, Kenora

1. Professional Management Companies

On February 1, 1985, the Chairman of the CDA Taxation Committee met with the Chief of Staff/Senior Policy Advisor — Revenue Canada to discuss the issue of policy/practice relating to acceptable charges made by professional management companies providing services to professional practices.

The Minister of Revenue Canada, Hon. Perrin Beatty, participated in the later portion of the meeting. The Canadian Dental Association's position that 15 per cent mark-up on all services supplied is "reasonable" and should be accepted by the department was once again presented. Arguments to support this position were put forward.

Specifically, the following requests were placed before the department:

- a) the present practice of the department to accept only 15 per cent mark-up on "direct costs" of Professional Management Companies should be discontinued and return to acceptance of 15 per cent on all services should occur in the following situations;
 - i) in audit surveys of those professional management companies who were audited prior to 1979 tax year and had the 15 per cent markup on all services accepted by the Department,
 - ii) in audit surveys of all professional management companies currently under audit or who have been audited and have filed notices of objection and/or are in the appeal/federal court litigation process,

02/85

TAXATION COMMITTEE

- iii) in all audit surveys in the future of professional management companies that include taxation years 1983 and prior.

Both the Minister and the Chief of Staff appeared to accept our basic arguments that the new 1981 guidelines that accepted only 15 per cent mark-up on "direct costs" were "retroactively applied" to taxpayers. Comments made indicated they were receptive to accepting CDA's recommendations. The Taxation Committee now awaits positive action on our requests.

- b) A meeting take place involving the Director/General - Compliance Division, the Deputy Minister, and the Chief of Staff together with the CDA Taxation Committee Chairman and CDA's legal Tax Advisor.

At this meeting CDA will present information to support its position that the present acceptance by the Department of a 15 per cent mark-up on "direct costs" is not reasonable. It was stated that we are most confident that we will be successful in a Federal Court case in having a 15 per cent markup on all services accepted. However, we want this decision reached preferably within the Department.

The Chief of Staff agreed that within the Department was the place to finally settle this disagreement but he could not confirm an early meeting date at this time.

2. Removal of Non-qualifying Business Status

It is important to note that the Government passed legislation on December 20, 1984 that allows Professional Management Companies to be eligible for the small business tax rate (approximately 25 per cent) instead of the previous "special professional" tax rate (non-qualifying business) of approximately 33 1/3 per cent. This new tax rate will apply for tax years 1985 and onward.

3. Pre-tax Pension Contributions

The Joint Professional Committee which was created by the CDA successfully persuaded a Parliamentary Task Force on Pension Reform to support significant improvements to pre-tax pension contributions by self-employed professionals. Finance Minister, Marc Lalonde also accepted many of the J.P.C. proposals and recommended many improvements for pension contributions — including an increase to the RRSP limit — in his Spring, 1984 Budget speech. However, the Liberal government did not implement any of these changes before the September 1984 election.

02/85

Pre-tax Pension Contributions (cont.d.)

The new Conservative governments is preparing its first Budget Speech in late April, 1985. The Joint Professional Committee (Canadian Bar Association, the Canadian Institute of Chartered Accountants, the Canadian Medical Association and the Canadian Dental Association) will be presenting our recommendations to Finance Minister, Michael Wilson before the end of February. In addition the CDA will be forwarding a presentation to the Minister supporting the recommended changes.

4. CDA Membership Dues

A few members have had their claim for deduction of CDA dues as an expense denied when their tax returns are reviewed. Taxation Committee has investigated this matter but complete information is not available at the time of writing this report. A verbal report will be given at the Board meeting.

5. Tax Information - Journal Articles

Two prominent legal firms have agreed to provide tax information articles for the CDA Journal. These articles will be provided without cost to the CDA.

6. Incorporation of Dental Practices

The College of Dental Surgeons of B.C. has recently cleared the way for dentists to incorporate their practices after March 1, 1985. This incorporation will take place under the existing provincial Companies Act and will not require special Professional Incorporation legislation.

Incorporation under existing Provincial Companies Act legislation deserves special attention. If the activities of the corporation of the incorporated professional practice are similar to those ordinarily associated with a corporation carrying on a business then the problems of Revenue Canada's policies regarding Professional Management Companies and Professional Services Corporations should be eliminated. By not incorporating under Professional Corporation Acts, professional incorporations will clearly be identified as "small businesses" similar to any other corporation under the Companies Act. To be specific, qualifying as a corporation requires the following activities as stated in Interpretation Bulletin 189R:

- a) owning or renting the premises of the business,

02/85

Incorporation of Dental Practices (cont'd.)

- b) owning or renting the furniture, fixtures, and major equipment of the business,
- c) operating a bank account in its own name through properly authorized signing officers,
- d) purchasing necessary supplies,
- e) providing clerical services,
- f) billing clients for professional services in its own name,
- g) depositing the collection in its bank,
- h) paying salaries to individuals performing the professional services offered by a corporation,
- i) making the client aware that they are dealing with the corporation,
- j) maintaining an employer-employee relationship with the corporation and the individual with the services to be performed clearly set out in a dated, written agreement wherein specific provisions determine a reasonable salary for the services performed.

To inform our members in more detail, a Vancouver legal firm involved in establishing these new entities will be providing an article in our Journal.

Incorporation of Dental Practices (cont'd.)

Corporate members who are interested should consult with legal advisors and consider requesting changes to their provincial Dental Acts to remove any requirements that only individuals may practice dentistry in their provinces. To provide protection for the public, consideration should be given to requiring Provincial Licensing Authority approval before a professional practice may incorporate. Examples of the B.C. criteria maybe obtained from the College of Dental Surgeons of B.C..

Respectfully submitted,

Dr. Robert Hicks
Chairman, Taxation Committee

ADOPTION OF REPORT

The Board of Governors received the Taxation Committee reports with appreciation.

02/85

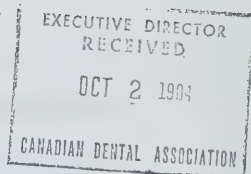


Revenue Canada
Taxation

Revenu Canada
Impôt

Copy to Dr. R.N. Hicks

APPENDIX 1



Your file Votre référence

Our file Notre référence

Mr. Robert N. Hicks, D.D.S., M.S.
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

September 27, 1984

Dear Mr. Hicks:

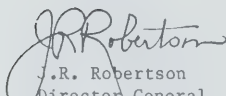
Re: Professional Management Companies

I regret the delay in replying to your letter of May 2, 1984 concerning subsequent audits of professional management companies.

As set out in my letter of January 9, 1984, the Department's position on the determination of a reasonable fee has not changed since 1974 although specific instructions on this subject were not issued to the district office auditors until 1979. These instructions were set out in more detail in a 1981 district office communication. There was no change in the Department's position on this issue but the more detailed instructions undoubtedly resulted in more audits in this area.

In view of the publicity generated by the audits done for the 1979 to 1981 taxation years, I believe that members of the dental profession should now be aware of the Department's position even though their calculations of a reasonable fee may have been accepted in some earlier year. However, there have been a small number of taxpayers who were audited prior to the issuance of the detailed instructions on professional management companies, incorrectly informed that the management fee was reasonable and then reassessed for subsequent years to reduce the amount of the fee. These cases are being considered on an individual basis and appropriate action is being taken to correct any apparent inequity.

Yours sincerely,


J.R. Robertson
Director General
Audit Directorate



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 13, 1984

Mr. J. R. Robertson
Director General
Audit Directorate
Revenue Canada Taxation
875 Heron Road
OTTAWA, Ontario
K1A 0L8

Dear Mr. Robertson:

Re: Professional Management Companies

We appreciate receipt of your letter of September 27th.
We particularly note your following observation:

"...there have been a small number of taxpayers who were audited prior to the issuance of the detailed instructions on professional management companies, incorrectly informed that the management fee was reasonable and then reassessed for subsequent years to reduce the amount of the fee. These cases are being considered on an individual basis and appropriate action is being taken to correct any apparent inequity."

This certainly appears to be an appropriate strategy to follow in respect of those specific taxpayers, assuming that "appropriate" action will on balance allow an effective mark-up of 15% on the kind of services for which such mark-ups were previously allowed, all by way of timely and equitable settlements and reassessments in that respect. However, we are very concerned that such approach as described to overcome apparent inequities might be perceived by your assessors as being restricted only to those who were previously audited and incorrectly informed as a result thereof.

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We trust that your appropriate action will apply universally to any effected taxpayer. For example, we would anticipate that the Department is not going to reassess any taxpayer, audited or unaudited in any of the 1981 and prior taxation years, in respect of this reasonable fee issue if such taxpayer has followed the 15% or less mark-up approach previously allowed in other cases. The reality is that those taxpayers who were not previously audited unfortunately have also been given the same advice or have been left with the same impressions on Department practice and the law as those who were audited. This is as a result of reported cases and various other reports, public or private, of your Department's practice in many audits over a number of years.

You also indicated that it would be for the 1979 to 1981 taxation years for which appropriate action would be taken to correct any apparent inequity. Since most of the general public effected by your tax policy approach did not become aware until early 1983 of the stance being taken by your Department, we are of the view that the appropriate action should also apply to the 1982 taxation year.

We trust that these matters can be dealt with in a timely way, and that we will be hearing shortly from you in this regard. At the request of our Association, we have copied your Minister with this letter and do hope that he also will be available to express his views on our concerns.

We thank you for your continued co-operation.

Yours sincerely,



Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee
Canadian Dental Association

RNH/1e

c.c. Hon. Perrin Beatty
Minister of National Revenue



Taxation Committee
APPENDIX III

CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

November 13, 1984

Hon. Perrin Beatty
Minister of National Revenue
Connaught Building
7th Floor
McKenzie Avenue
OTTAWA, Ontario
K1A 0L5

Dear Mr. Minister:

Re: Professional Management Companies

I enclose herewith a copy of my letter of even date to your Mr. J. R. Robertson. As you are no doubt aware, our Association has been very active in submissions to your Department and to the Government on professional management companies and other tax concerns of our Association. Our Association is relieved that at least some steps are being taken to rectify a number of inequities, some of which are reflected in our enclosed letter to Mr. Robertson. However, our Association feels very strongly about the importance of making sure that the rectifying steps are done in a proper manner.

I fully appreciate your informed position on issues such as this; and, in particular, I have read with interest the Report of the Task Force on Revenue Canada for which you served as Chairman. We strongly support the Report and trust that the equitable principles and practical objectives contained in the Report in respect of retroactive changes by your Department in the interpretation of the law or reasonably perceived retroactive changes will be applied in a timely manner in the case of the subject matter of the enclosed letter.

We would very much appreciate the opportunity of speaking directly to you on these and our other concerns on other related matters.

Yours respectfully,

Robert N. Hicks, D.D.S., M.S.
Chairman, Taxation Committee
Canadian Dental Association

RNH/le

Enclosure



CANADIAN DENTAL ASSOCIATION L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

July 17, 1984

Honourable Marc Lalonde
Minister of Finance
Place Bell Canada
160 Elgin Street
OTTAWA, Ontario
K1A 0G5

Dear Minister:

Re: Continuing Education Expense
Deductions for Employees

The Canadian Dental Association has made a number of representations to you, your Ministry officials and Revenue Canada on various tax policy matters which affect large numbers of Canadian taxpayers and Canadian dentists in particular. In 1979 we submitted a comprehensive Brief on the deductability of continuing education expenses for self-employed professionals. This Brief was sponsored as well by The Canadian Medical Association and The Canadian Institute of Chartered Accountants. The Brief recommended amendments to the Income Tax Act to permit self-employed professionals to deduct from their professional business income expenses incurred by them in attending continuing education courses undertaken to maintain or improve professional skills.

Following the submission of the Brief, Revenue Canada amended its Interpretation Bulletin IT-357 to reflect its present policy of permitting the self-employed to make reasonable deductions in respect of such continuing education expenses. However, no similar deduction was made available at that time to employed professionals. This omission is now of significant concern to us and to the other professional organizations.

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Continuing education is a practical necessity for virtually every member of such professional organizations. It is recognized that the present provisions of the Income Tax Act are adequate to permit the deduction of tuition expenses relating to such continuing education courses. However, it is often the case that the non-tuition expenses of such courses are significantly higher than the registration or tuition fees.

The present \$500.00 annual maximum employment expense deduction is most inadequate to cover continuing education expenses incurred by members of various professions. Where the employer does not reimburse an employee for such expenses, the full weight of the expense of the continuing education process lies with the employee. Our information reveals that most employers are not at present picking up the continuing education costs for employed professionals. For instance, as in the case for other professions, many dentists are employed by the federal and provincial governments; such governments do not in the ordinary course provide adequate continuing education support for their professional employees.

The effects of the absence of a tax incentive to assist costly continuing education and the failure by employers to adequately reimburse these expenses are unfortunately evident in reduced attendance by employee's such as dentists at continuing education courses. Our attendance surveys on dentists indicate that employed dentists are the poor attenders relative to others of their profession.

Such lower attendance of employed dentists may eventually contribute to a general decline in the quality of the dental care and expertise such dentists make available to the Canadian public. Continuing education courses in dentistry are designed to maintain dentists' basic levels of expertise in the essentials of present day dentistry. Such courses are not the exclusive domain of the specialist but rather are vital to the practices of all general dental practitioners.

There is a strong public demand for dentists with up-to-date knowledge of current and basic advancements in the field of dentistry. Recognizing the importance of continuing education, the authorities in a number of provinces require dentists to attend certain courses in order to maintain their accreditation. Failure to attend continuing education courses and the resulting unfamiliarity with such up-to-date developments in dentistry could relate to some cases of alleged dental malpractice. Continuing education courses are an essential and vital element in fulfilling dentists' public and professional obligations to maintain their standard of professional excellence.

Accepting the importance of continuing education in the development and maintenance of a professional standard, we urge you to consider an amendment to the Income Tax Act to specifically permit taxpayers who are employed professionals to deduct from their employment income reasonable continuing education expenses incurred by them and not reimbursed by their employer. We have good reason to believe that these concerns of the dental profession apply to other public professions.

The present system where employees are not permitted to make deductions in respect of continuing education costs works an inequity on certain employees. While employers are able to deduct from their business income the amount of such expenses reimbursed by the employer, a significant number of employers do not fully, if at all, reimburse employees for room, board, travelling and other incidental expenses incurred in the course of refresher training courses. Additionally, where the employer does reimburse the employee for such expenses and where it can be said that there is a benefit to the employee from such reimbursement, the employee is then taxed upon the value of that benefit. The situation is clearly unfair to the employee who is required to attend a continuing education course at his own expense. At present an employed professional may deduct only his costs of maintaining a membership in a professional organization where such costs are necessary to maintain a professional status recognized by statute.

We recommend that timely consideration be given to introducing amendments to the Income Tax Act which would permit an employed professional to deduct those reasonable expenses of continuing education training undertaken to maintain or improve professional skills. Such an amendment might reflect the policy set out in Interpretation Bulletin IT-357R, that is, deductible expenses would only be those relating to training which updates or upgrades a skill already possessed by the taxpayer or enables the taxpayer to properly advance his knowledge of methods of carrying on his profession. Of course, such deductions would be subject to the general test of reasonableness.

We believe that the factors set out by Revenue Canada in paragraph 6 of Interpretation Bulletin IT-357R in determining what expenses are reasonable would be appropriate in the case of expenses allowed as deductions to employees. That is, the location and duration of the course and the distinction between a convention and a continuing education course should be the standard criteria for employee deductions.

The benefit to the public of the incentive which would flow from the proposed amendment would far outweigh any reduction in tax revenue, which we would anticipate would be relatively negligible. The

amendment would also have the salutary effect of removing the present inequity between employees and self-employed members of the same profession and alleviating the hardship which can arise when an employer does not reimburse the training expenses incurred by the employee.

We are anxious to discuss with you or your Ministry officials the details of our proposal. As well, we are prepared to outline to you how we believe the Income Tax Act and the Revenue Canada Interpretation Bulletin can be specifically amended to accommodate this need. We await your response at your earliest convenience.

Yours sincerely,

Robert N. Hicks, D.D.S.,
President

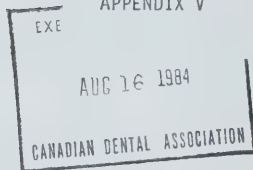
RNH/1e



Minister of Finance Ministre des Finances

Ottawa, Canada
K1A 0G5

Taxation Committee
APPENDIX V



Dear Dr. Hicks:

AUG 13 1984

Thank you for your letter of July 17, 1984 concerning the non-deductibility of certain expenses incurred by dentists in the course of their employment.

As you know, expenses that may be claimed as deductions from employment income are restricted to those expenses for which provision has been made in the Income Tax Act. This is so because, in most cases, it is the employer who ultimately bears the cost of expenses inherent in the employee's duties. When, as part of his employment, an individual must spend large sums for which he is not reimbursed, the remuneration he receives is usually adjusted accordingly, following agreement with the parties concerned.

In recent years, many representations have been received asking for the deduction of amounts paid by certain individuals in the course of their employment. Considering the diversity of such expenses and the fact that each one often concerns only a certain group of individuals, it was felt desirable to avoid, as much as possible, introducing new provisions that would seem to favour employees of a given occupation, industry or region. To address employment expenses in a fairer and more universal fashion, the employment expense deduction was introduced and changes have been made from time to time to increase the amount of this deduction. It is worth noting that the deduction has more than tripled since it was introduced in 1972.

.../2

Dr. Robert N. Hicks
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Canada

You indicate in your letter that the loss of tax revenues that would be incurred in allowing employed dentists to deduct their continuing education expenses would be negligible. However, because tax legislation has to be general in its application, this kind of concession would also have to be made available to the millions of Canadian employees.

Considering that a substantial share of Canadian tax revenues goes, directly or indirectly, towards the field of education, through tax deductions allowed to students or grants paid to the provinces, to educational institutions and to students themselves, I do not believe that under the present economic circumstances it would be reasonable to ask the average taxpayer to subsidize the continuing education of professionals beyond the present level.

I regret that my reply cannot be more favourable under the circumstances, but I trust it will shed some light on the government's position on this matter.

With best wishes and kind regards.

Sincerely,

A handwritten signature in dark ink, appearing to read "Marc Lalonde", with a long horizontal stroke extending to the left.

Marc Lalonde

EDITORIAL BOARD

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

Members: Dr. J. Hardie, Chairman, Ottawa, Ontario
 Dr. J.D.R. Grier, Victoria, B.C.
 Dr. P. Desautels, Montreal, Quebec
 Dr. M. Klotz, Willowdale, Ontario
 Dr. A.D. Sparrow, Calgary, Alberta
 Dr. R.S. Turnbull, Toronto, Ontario
 Mr. H.E. Drouin, Executive Director,
 Mrs. Carolyn Hackland, Editor

1. Board Meeting

The Board met on November 30, 1984. The next meeting has been scheduled for April 1985.

2. Appreciation

The Board expressed its appreciation to Dr. A.E. Macleod for acting as its Chairman since 1979 and to Mr. Brian Henderson for serving as Editor-in-Chief from January to September 1984.

3. Journal Distribution

The cost of mailing the Journal to non-CDA members in December 1984 was borne by the Membership Committee. The Board requested that the Membership Committee consider paying the cost of biannual mailings of the Journal to non-CDA members.

The latest CCAB Audit Statement on Journal circulation reflects the expected distribution reduction in accordance with the policy to mail the Journal to CDA members only. However, this has not adversely affected the advertising volume which remains at or above the level of previous years.

4. Financial Statement

Mr. Drouin explained that the Journal expenses are over budget because of costs related to the new Journal format and graphic re-design, and the introduction of these alterations to the advertising industry. The Board, while aware of the need to practice financial restraint, expressed the philosophy that justifiable costs should be considered as program expenditures. At the present time the cost of the Journal per member per annum is approximately \$9.00.

5. Dental Awareness Program

The Board believes that the Journal should have a major role in supporting and implementing the Dental Awareness Program, and consequently the Board should be informed of the progress of this new program.

6. ADA Journalism Critique

The Board was impressed by the high esteem for the new Journal format expressed in a critique by a Missouri University Journalism professor. This was a free service provided by the ADA.

7. Readership Survey

The Board proposed that a random sample survey be performed by MacLean-Hunter during 1985. Further details will be available at the April Board meeting.

8. Policies

The Board initiated investigations of its policies regarding specialty contributors, freelance writers, classified advertising and reprints.

9. Conclusion

The new members of the Editorial Board combined with the improved format of the Journal presents an opportunity to enhance the effectiveness of this successful publication.

Respectfully submitted,

J. Hardie, BDS, MSc, FRCD(C)
Chairman, Editorial Board

ADOPTION OF REPORT

The Board of Governors receives the report of Editorial Board with appreciation.

CONVENTIONS REPORT

REPORT TO THE 1985 CDA INTERIM BOARD OF GOVERNORS

1985 CONVENTION

September 29 - October 2, Ottawa, Ontario

Progress to Date

Six general convention planning meetings have been held, the last of which was on January 10, 1985.

Planning has progressed to the point where major activities have been delineated and confirmed.

The Scientific Program has been confirmed as appended.

APPENDIX A

Social events will include:

- a fun run (Sunday)
- a registration party (Sunday night)
- an installation luncheon (Monday)
- a President's Dinner & Dance (Monday)
- a casual walk about lunch in the exhibit hall (Tuesday)
- a fun night, Bytown Bash (Tuesday)
- a formal luncheon with guest speaker (Wednesday)

The exhibitor's guide was forwarded to all potential exhibitors in December 1984 and to date (January 17, 1985) 60 booths have been sold. The cost per booth is \$700.00.

The following groups and organizations will be meeting either in conjunction with or shortly before the CDA Meeting:

Canadian Dental Hygienists' Association
Canadian Dental Assistants' Association
Canadian Academy of Endodontics
Canadian Academy of Restorative Dentistry
Canadian Association of Orthodontists
Canadian Academy of Paedodontics
Canadian Academy of Prosthodontists
Royal College of Dentists of Canada
Academy of Dentistry International
Canadian Society of Public Health Dentists

CONVENTIONS REPORT

The initial convention budget has been updated based on current information relevant to 1985 prices.

A preconvention program is scheduled to be sent to every dentist in late April/early May. This will include convention registration and housing forms.

The CDA Journal is scheduled to include detailed and ongoing convention coverage from January to September. This coverage will include housing and registration information and applications.

The next scheduled meeting of the committee is April 16, 1985.

1986 CONVENTION

August 24 - 27, Halifax, Nova Scotia

The committee has met 6 times, the last meeting of which was January 17, 1985.

Committee membership and delineation of responsibilities has been confirmed.

The scientific and social program planning is progressing well with confirmation in certain areas.

Scientific program highlights include both a manpower and occupational health hazards symposium.

Bedroom and meeting room requirements are being delineated and confirmed.

1987 CONVENTION

Quebec City has been suggested as the site of CDA's 1987 meeting. Mr. Drouin has pursued this with the appropriate organizations with no firm conclusions or confirmations to date.

1988 CONVENTION

Edmonton has been confirmed as the site of CDA's 1988 meeting.

All publicity will delineate this meeting as a CDA Convention hosted by the Alberta Dental Association.

Suggested meeting dates are August 28 - 31 but they have yet to be confirmed.

A chairman has not yet been selected.

REPORT FROM THE SCIENTIFIC COMMITTEE

JANUARY 1985

1. PROGRAM

Monday 9 - 12 Noon

- | | |
|----------------|--|
| Lecture Room A | Dr. T.L. Snyder - "Should there be a computer in your practice." Synopsis, CV, Photo, AV, provided. |
| Lecture Room B | Royal College Symposium - "Facial Pain - Pain Mechanisms." Dr. Bentley will provide details on all speakers. |
| Lecture Room C | Dr. E.H. Williamson - Grieve Memorial Lecture. "Diagnosis, Prevention, and Management of TMJ dyofunctions in Orthodontics." Synopsis, CV, Photo, AV, provided. |

Monday 2 - 5 PM

- | | |
|----------------|--|
| Lecture Room A | Royal College Symposium - "Facial Pain - Management of Chronic Pain." Dr. Bentley will provide details on all speakers. |
| Lecture Room B | Graduate Student Presentations - Brief Introduction by Dr. Pierre Bois, President, Medical Research Council - Applications forwarded to all Directors of Graduate Programs, and published in Journal of CDA. |
| Lecture Room C | Dr. Roger K. Hall - "Pedodontics" CV provided, Title, Synopsis, Photo, AV, requested. |

Tuesday 9 - 12 Noon

- | | |
|----------------|---|
| Lecture Room A | Dr. R.E. Goldstein - "The Esthetic Approach to Restorative Dentistry." Synopsis, CV, Photo, AV, provided. |
| Lecture Room B | Panel Discussions on Internal Medicine. |
1. Dr. Williams - "The Etiology and Current Treatment of Cardiac Disease." CV, Photo provided. Synopsis, AV, requested.
 2. Dr. A.L. Weinberg - "Update on Blood Dyocrasias, Diabetes Mellitus and Rheumatoid Arthritis." Synopsis, CV, Photo, AV, requested.

- Lecture Room B Panel Discussion on Internal Medicine (cont'd.)
3. Dr. C.E. Danjoux - "The Etiology and Current Treatment of Cancer." Synopsis, CV, Photo, AV, requested.
- Lecture Room C Dr. C.A. McCulloch - "Periodontal Therapy in the 1990's," Synopsis, CV, Photo, AV, provided.

Tuesday 2 - 5 PM

- Lecture Room A Dr. R.E. Goldstein - see morning schedule.
- Lecture Room B Dr. J.J. Pindborg - "Oral Medicine and Pathology" Photo and CV provided. Title, Synopsis, AV, requested.
- Lecture Room C Dr. A.S.T. Franks - "Prosthetics." CV and Photo provided. Title, Synopsis, AV, requested.

Wednesday 9 - 12 Noon

- Lecture Room A Dr. A.S.T. Franks - "Geriatric Dentistry." See above.
- Lecture Room B Symposium on Oral Cancer.
1. Dr. J.J. Pindborg - "Recognitions and Diagnosis of Oral Cancer." Synopsis, AV requested.
2. Dr. J. Eapen - "Treatment of Oral and Related Cancers." Photo, CV, provided. Synopsis, AV, requested.
3. Dr. J. Epstein - "Oral Complications of Cancer Chemotherapy and Radiotherapy." Synopsis, CV, Photo, AV, requested.
- Chairman - Dr. J. Main
- Lecture Room C Dr. W.J. Dunn - "Dental Law" Photo, CV, provided.
9 - 11 AM Title, Synopsis, AV, requested.
- 11 - 12 Noon Mr. J.B. Nagy - "The Four Dimensional Tooth Colouring System." Photo, CV, provided. Synopsis and AV, requested.

Wednesday 2 - 5 PM

- Lecture Room A Panel on Ridge Augmentations.
1. Dr. P.J. Boyne - "Basic Research and Surgical Techniques in Ridge Augmentation." Photo, CV, AV, provided. Synopsis requested.
 2. Dr. G.A. Zarb - "Prosthetic Rehabilitation of Augmented Ridges." Synopsis, Photo, CV, AV, requested.
- Lecture Room B Symposium on Oral Cancer.
1. Mrs. J. Thomas - "Oral Hygiene and Preventive Programs for Cancer Patients." Synopsis, Photo, CV, AV, requested.
 2. Dr. G. Bradley - "Dental Restorative and Surgical Care for Cancer Patients." Synopsis, Photo, CV, AV, requested.
 3. Dr. P. Stevenson-Moore - "Prosthetic Dental Care for Cancer Patients." Synopsis, Photo, CV, AV, requested.
 4. Dr. J.H.P. Main - "Provincial Health Plans and Financial Support for Dental Care of Cancer Patients." Synopsis, Photo, CV, AV, requested.
- Chairman - Dr. J. Epstein.
- Lecture Room C Dr. B.H. Dolansky - "Update on Endodontics." Photo, CV, AV, provided. Synopsis requested.

2. TABLE CLINICS

An announcement regarding Table Clinics was published on page 811 of the November 1984 edition of the CDA Journal.

3. GRADUATE STUDENT PRESENTATIONS

Letters to Director of Graduate Programs, announcing specific details, was forwarded in October 1984 - Announcement published on page 865 of December 1984 edition of the CDA Journal.

4. CORPORATE SPONSORS

Health and Welfare Canada have refused sponsorship of Graduate Student Presentations, however CFDE has expressed an interest in this project. Confirmed sponsors are:

CORPORATE SPONSORS (cont'd.)

1. Rhone - Poulenc Pharma - entire expenses associated with Dr. McCulloch's lecture on Periodontics.
2. Riker Canada Inc. - \$500.00 towards Symposium on Oral Cancer.
3. Ottawa Civic Hospital Foundation - \$800.00 for Panel Discussions on Internal Medicine.

The following firms have expressed an interest in sponsoring various other topics: Rooks - Waite, Warner - Lambert, Colgate - Palmolive, Upjohn Co., Herdt and Charton, and Teldyne Water Pik. Appropriate letters have been forwarded to these companies.

5. HOSTING ARRANGEMENTS

The availability of a list of confirmed speakers will allow Dr. Amos to match clinicians with appropriate local dentists. It is assured that the local hosts will:

1. Where appropriate, meet the clinicians at the airport, help with hotel registrations, and ensure that social tickets are in order.
2. Meet the clinicians prior to lecture, assist with the preparations of lecture material, and if appropriate, introduce and thank the clinicians.
3. Accompany the clinicians to VIP lounge or Hospitality Suite for post-lecture relaxation. It may be useful for Dr. Amos to seek hosts from among the helpers identified by Dr. Norman. The VIP Suite in the Convention Centre should be suitable as a location for clinicians to prepare lecture notes and slides, and relax before and after their presentations. If this suite is opened from 9 - 5 PM there will have to be access to a Hospitality Suite in the Westin Hotel.

6. AUDIO - VISUAL ARRANGEMENTS

The audio-visual requirements will be forwarded to Dr. Gray. Dr. Gray will decide if the Convention Centre has sufficient AV equipment. If not, he will contract with a local firm to provide the necessary equipment, manpower, back-up supplies; and arrange for suitable security.

7. COMMUNICATIONS

Throughout the convention, there must be an established method of rapid communication between Drs. Hardie, Carpenter, Amos and Gray.

COMMUNICATIONS (cont'd.)

This may be supplied by "walkie talkies", or by an efficient paging system. Dr. Amos will decide how best to communicate with the host dentists. It would be appreciated if Dr. Norman would investigate various communication concepts.

8. SIGNS

The name of the clinicians, the title of the speech, and corporate sponsor will be given to Dr. Norman as soon as possible. At the present time there would appear to be the following requirement for signs.

- | | | |
|---------------------|----|--|
| Monday 9-12 Noon | 1. | Dr. T.L. Snyder |
| | 2. | Royal College Symposium
At least 3 clinicians |
| Monday 2-5 PM | 1. | Royal College Symposium
At least 3 different clinicians. |
| | 2. | Graduate Student Presentations
At least 8 clinicians. |
| | 3. | Dr. R.K. Hall |
| Tuesday 9-12 Noon | 1. | Dr. R.E. Goldstein
Same sign for afternoons sessions. |
| | 2. | Panel Discussion on Internal Medicine.
At least 3 clinicians. |
| | 3. | Dr. C.A. McCulloch |
| Tuesday 2-5 PM | 1. | Dr. R.E. Goldstein
see above. |
| | 2. | Dr. J.J. Pindborg |
| | 3. | Dr. A.S.T. Franks |
| Wednesday 9-12 Noon | 1. | Dr. A.S.T. Franks |
| | 2. | Symposium on Oral Cancer
At least 3 clinicians. |
| 9-11 AM | 3. | Dr. W.J. Dunn |
| 11-12 Noon | 4. | Mr. J.B. Nagy |
| Wednesday 2-5 PM | 1. | Panel on Ridge Augmentation
At least 2 clinicians. |

- Wednesday 2-5 PM
2. Symposium on Oral Cancer
At least 4 clinicians.
 3. Dr. B.H. Dolansky

9. HEALTH SCREENING PROJECT

The AD HOC Committee on the Health Screening Project met for the second time on November 21st, 1984. A copy of the minutes of that meeting is attached. CDSPI has agreed to provide funding of this project to a level of \$5000.00.

10. PRE-CONVENTION CLINICS

Dr. Carpenter will provide details on the progress of organizing these clinics. However, 9 (nine) clinics limited to 10-12 registrants have been identified as: clinical photography, custom staining of porcelain, hydrocolloid techniques, tooth preparation and temporization, CPR, quality control in radiology, and emergency care. Interest has been expressed in preparing a participation course in endodontics for 30 registrants. It is possible that availability of space and qualified instructors may reduce the numbers of pre-convention clinics.

11. VIDEO PRESENTATIONS

The committee's opinions would be appreciated on the cost effectiveness of recording and screening presentations. There is a room available to view such recordings. The cost has not been budgetted and the permission of the lecturers has not been sought.

Respectively submitted,

J. Hardie, B.D.S., M.Sc., F.R.C.D.(C)
Scientific Chairman
1985 CDA Convention

ADOPTION OF REPORT

The Board of Governors receives the report of the Convention Committee with appreciation.



CANADIAN FUND FOR DENTAL EDUCATION

234 ST. GEORGE STREET, SUITE 202, TORONTO, ONT. M5R 2P1 TELEPHONE (416) 928-0484

APPENDIX - N

BOARD OF TRUSTEES

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Past President
Canadian Dental Association

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Alain Vailancourt, DDS
Montreal, Quebec
Dean
Faculty of Dental Medicine
University of Montreal

EXECUTIVE SECRETARY

Ingrid Kleysauber
Toronto, Ontario

101 LeMarchant Road
St John's, Newfoundland
A1C 2H1

January 15, 1985

Dr P.R. Crawford
President
Canadian Dental Association
1201-233 Kennedy Street
Winnipeg, Manitoba
R3C 3J5

Dear Ralph

Later than this last year we were in touch both by letter and in our report with CDA's Board of Governors and Executive Council (Transactions Page 246). At that time we pointed out that the Association's support of the Fund which, some ten years ago, amounted to about \$20,000. annually, was in 1983 then totalling \$1,000. per year.

There was some response to our appeal, for the CDA's support was increased to \$2,000. and a generous "In Memoriam" contribution was given in memory of Murray McDonald. For these amounts we extend to you grateful thanks.

However, for this year, we ask you to consider that CDA's support is still far below what was considered to be satisfactory ten years ago when CDA's budget was less than \$1,000,000. per year. Now that CDA's financial house is in order, we submit it is not to be unreasonable that CFDE, Canada's only national charitable fund for dental education, should be the recipient of substantially more support than it does. Some have suggested that 1% of its budget would not be an unreasonable amount for CDA to contribute each year.

... 2



CANADIAN FUND FOR DENTAL EDUCATION

234 ST. GEORGE STREET, SUITE 202, TORONTO, ONT. M5R 2P1 TELEPHONE (416) 928-0484

... 2

With CFDE's commitments and its level of performance these past few years - and I refer you to our current report for your perusal - we feel that CDA's confidence would be well placed in granting us this amount. We await your response, hopefully favourable, with interest.

Yours truly

David K. Peters, D.D.S.
Chairman

cc: Executive Council

MOTIONS APPROVED BY EXECUTIVE COUNCIL/NOV. 1984
(Council on Insurance & Investment)

THAT the following formula be implemented concerning fees for completing medical evidence questionnaires, effective January 1, 1985:

- (a) CDSPI pay the first \$25,000 of the Medical Evidence Questionnaires' cost out of CDSPI's promotional budget.
- (b) After the first \$25,000 has been paid in this manner, the Plan would pay the balance.
- (c) The procedure would be set up so that a paid receipt from the physician would be sent by the claimant to Imperial Life along with the Medical Evidence Questionnaire. The paid receipt would be forwarded to CDSPI who would, on a CDSPI cheque, reimburse the claimant with a letter accompanying the cheque which would indicate to the claimant that an additional service was being paid for by CDSPI for the benefit of the claimant.

CARRIED

THAT the current Dependents' Life plan be amended to permit the dependent spouse to obtain Dependents' Life coverage if the eligible member is not participating in the Basic Life Plan due to medical declination.

CARRIED

THAT the current Long Term Disability Plan offered to Auxiliaries be amended to restrict the amount of disability income for an auxiliary to 75% of pre-disability income.

MOTIONS APPROVED BY EXECUTIVE COUNCIL/NOV. 1984
(Council on Insurance & Investment)

AND FURTHER in the case of dental technicians dental assistants and hygienists, the current "own occupation" definition be continued,

AND FURTHER in the case of clerical/secretarial auxiliaries, there should be a change in the total disability definition to a 2-year own occupation/thereafter any suitable occupation.

CARRIED

THAT a fourth fund called "Guaranteed Fund (GIC) Option" be made part of the current CDA RSP, with such availability to take affect as soon as it can be implemented.

CARRIED

REPORT OF THE AD HOC COMMITTEE ON PER DIEMS

Dr. D.B. Smith, Chairman
Dr. D.E. Williams, Member
Dr. M.J.R. Leitch, Member

February, 1985

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

REPORT TO INTERIM CDA BOARD OF GOVERNORS MEETING MARCH 1985

There is a significant problem in annually determining what level of compensation is reasonable to provide to senior elective officers.

The problem is compounded when those officers all come from across the ten provinces and have different income figures, expense figures, and economic climates to deal with.

Therefore, we recognize at the outset of this report that there is no possible way we can come up with one figure which will compensate each senior elective officer accurately for his loss of overhead and personal income.

Also it would be totally impractical and unwieldy to try to create several different compensation packages for members serving from different parts of the country.

Therefore, the stated purpose of this report will be to try to arrive at figures for compensation that will adequately compensate those members serving the association from all parts of the country and offset at least some of the losses they incur in being absent from their practices.

The CDA provides an annual honorarium to members of the Management Committee and per diem to the Management, Executive Council, Chairman of the Board and in some instances to Chairmen of Councils.

It seems only reasonable that a handful of members who devote considerable practice and personal time to their profession should be compensated by those who receive the benefits of their service but devote only their annual membership fee plus in some cases, a limited number of hours of voluntary service to their profession.

Value of Compensation

The CDA is a strong, active association with a high degree of membership support and public visibility. One of the major factors affecting the viability of the CDA is the ongoing interest on the part of the members to serve the association in the many offices.

In many associations or organizations, this interest does not exist and offices are filled by persons who are sought out to accept appointments. These organizations are not the type that have much impact within their sphere of activity.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

One view of the reason for this situation is the concept that success creates interest and hence continued success. The reason that people seek election to offices in associations are as varied as the people who seek the jobs. They range from a desire to serve for the benefit of others to doing things better than others to fulfillment of individual ego needs.

One reason that does not apply is personal financial reward. It is inconceivable that anyone could seek office in an organization such as the CDA thinking that they will be better off financially for their service.

It is however, important that the financial costs involved in serving the CDA as a senior officer do not erect barriers that would prevent any members from seeking office. This is the major rationale for offering compensation.

Current Methods of Compensation

Currently, the following officers receive an annual stipend for each year they serve at the level stated:

President	\$20,000
President-Elect	\$10,000
Past-President	\$10,000
Executive Council	—

In addition, per diems are paid for each day on which CDA business requires them to be absent from their practice.

Chairman	\$350 per day
President	\$400 per day
Past-President	\$350 per day
President-elect	\$350 per day
Executive	\$350 per day

The Task

To find an equitable manner of establishing levels of compensation on an annual basis to ensure that members do not suffer undue financial burdens while serving the CDA yet remaining within the ability of the association to provide funds.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

Information Available

1. CDA Ad Hoc Committee on Per Diems 1978
2. CDA Policy Manual - Honoraria & Per Diems
3. CDA Transactions
4. Information gathered from members of Management Committee and Executive Council
5. Report from the Surveys of Dental Practice
 - British Columbia 1984
 - Saskatchewan 1984
 - Manitoba 1984
 - New Brunswick 1984
 - Nova Scotia 1984
6. The Ontario Cost of Practice Monitor

The cost of practice monitors, measure changes in the cost of operating a dental practice in the previous year and can be a useful device to assisting a forecast of changes in the coming year.

The system is of considerable value in determining annual changes to the conversion factor on the Suggested Fee Guide. From this, two benchmarks are available to use in determining compensation for elected officers.

1. The actual average practice cost increase as a percent of total cost.
2. The actual percentage increase in the fee guide conversion factor.

Other data which can be used to determine appropriate changes in compensation is:

Industrial Wage Index - Statistics Canada;
Consumer Price Index - Statistics Canada;
Cost of Living Index - Statistics Canada;
Average of quarterly and annual wage contract settlements - Statistics Canada.

Observations

It is apparent that there is considerable data available upon which to develop a mathematical formula to determine increments in compensation for officers.

However, the process and the result will continue to contain political considerations.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

One would hope that there is one primary objective to which all parties will agree, that being that the CDA should ensure that compensation for officers be adjusted annually to ensure that no member suffers undue financial penalties for serving our association so that no active member with reasonable personal financial stability is deprived of the opportunity to serve the association due to financial barriers.

Potential Solutions

If the above goal statement is acceptable, there are several easily applied mechanisms to create a formula for officer compensation.

Annual increments to officer compensation could be equivalent to one of:

the annual average increase in practice costs as determined by the cost of practice monitors across the country.

the actual percentage increase in the conversion factor of the fee guides of the provinces taken as an average.

the actual average CDA staff salary increment approved by the Management Committee on the recommendations of the Executive Director.

Unfortunately the task is not that simple. The current compensation system provides for an annual stipend and a per diem. It is generally felt that the per diem is most important because it relates directly to time away from the office. As there are differentials in rates applied to different officers, a straight percentage increase will soon create an undesirable spread between the levels of compensation.

As terms of office extend from September to September each year, the process extends through four CDA financial years and probably four taxation years for each officer. The rationale for the differential between the President and the other two officers is that the President is considerably more active on association business during that term. It is likely that his practice earnings will be reduced that year hence the need to provide higher compensation in an effort to maintain some degree of practice and personal income stability so that there are not large variances in income with attendant income tax consequences.

If one assumes a practice overhead of 60% and a personal marginal tax rate of 50%, each \$100 of additional compensation will provide \$20 of personal, after tax income improvement and \$60 toward overhead expenses.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

As the practice did not earn income in the dentist's absence the reason for the CDA officer compensation package is to replace lost practice income as much as possible. It should therefore be considered that the compensation should be related to the cost of the practice overhead or fixed expenses which are made up of rent, wages and administration and account for 72% of the total overhead of the average practice or 43.5% of total billings.

It is calculated that the average practitioner uses 220 days as his calculation of basic practice, income earning days.

Gross and net incomes were reviewed from across the country and those figures that were average were used.

Therefore, the average billings for 1985 are projected from known 1982 figures.

	<u>1982</u>	<u>1983</u>	<u>1984</u>	<u>1985</u>
Net	\$ 69,370.	\$ 79,212. +5%	\$ 83,173. +5%	\$ 87,332.
Gross	170,734.	185,395. +6%	196,519. +5%	206,345.

A poll of Past-Presidents, current officers, and a current members of the executive indicates that both gross and net earnings are at a level considerably greater than the country wide average.

Therefore, the average gross figure has been increased by 10% to \$226,980 and the net figure by 5% to \$91,699.

Of the \$226,980 gross billings in 1985 fixed overhead is 43.5% or \$98,736.

Daily figures, assuming an average of 220 days available for practice are:

Gross income	$\frac{226,980}{220}$ or \$1,032 per day
Net income	$\frac{91,699}{220}$ or \$417 per day
Fixed overhead	$\frac{98,736}{220}$ or \$449 per day

Proposals

1. That per diems paid reflect the income lost in the amount equivalent to fixed overhead or 449 per day.
2. As Management Committee devotes considerable additional time which proportionably impacts on their personal income even when fixed overhead is paid, that the annual stipend be calculated to replace average personal income lost.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

The President is expected to be absent from his office on CDA business 80 days a year. His loss of income is represented by the net income and fixed overhead which total \$866 per day for a loss of \$69,280.

The President-Elect is expected to be absent for 45 days at a loss of \$38,970.

The Past-President is expected to be absent for 43 days at a loss of \$37,238.

3. Officers of the CDA are required to spend considerable time on CDA business during each week at their home or office. This impacts on both professional and family life to a considerable degree and undoubtedly has a negative impact on practice productivity.

It is reasonable to estimate that the President spends at least one hour a day on association matters which is the equivalent of one day a week. At least half of this is during practice hours because of phone calls, etc.. Because of this it would be reasonable to add an arbitrary one half day's income per week to the annual stipend.

\$866 divided by 2 x 44 = \$19,052.

Consideration could also be given to the other two members of the Management Committee. Although practice time disruptions are not as severe, the time spent on paperwork, etc. is high. A reasonable estimate would be 50% of that of the President or \$9,526 per year.

It should be recognized that any change in compensation affecting one of the senior positions will impact directly on individuals as the offices are progressive.

Compensation should be directly related to the amount of activity which impacts on loss of practice earnings. A recent private poll of Past-Presidents, current officers and current members of the Executive indicates that both gross and net earnings are at an average considerably greater than the province wide level. This is to be expected but as accurate data does not exist to support this and as all members are eligible to seek office, the province wide averages are used.

If the intent of an Executive Compensation Plan is to stabilize the earnings of senior volunteer officers through their period of maximum service, it would be reasonable to continue to provide an annual honorarium and a per diem to reflect the actual impact of days spent on CDA business.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

It is therefore proposed that annual compensation available for Management Committee for 1984 should be at the following level.

President	\$88,332
President-elect	\$48,496
Past-President	\$46,764

If the per diem rate for the Management Committee was the same as that recommended for the Executive, per day, the impact would be as follows.

	<u>Gross Compensation</u>	<u>Per Diem Earnings</u>	<u>Annual Stipend</u>
President	\$ 88,332	449 x 80 = 35,920	\$ 52,412
President-Elect	\$ 48,496	449 x 45 = 20,205	\$ 28,291
Past-President	\$ 46,764	449 x 43 = 19,307	\$ 27,457

It would be reasonable to build a system which would offer a fixed amount of compensation for the term plus a per diem amount related directly to days absent from practice. Any such proposal would be a totally arbitrary division of the funding.

If an arbitrary formula of fixed expenses 449 plus one half the net income (417) were used, the per diem for the Management Committee could be \$657.50 per day rounded to \$650.

The impact would then be:

President	$88,332 - (80 \times 650) = 52,000$ per diem earnings + 36,332 honorarium
President-Elect	$48,496 - (45 \times 650) = 29,250$ per diem earnings + 19,246 honorarium
Past-President	$46,764 - (43 \times 650) = 27,950$ per diem earnings + 18,814 honorarium

To simplify matters, the Presidential honorarium could be \$36,000 and the honorarium for the Past-President and President-Elect 50% of that or \$18,000. This same relationship would then hold in future years by having all three officers with the same per diem rate and the honorarium for President-Elect and Past-President being 50% of the President's.

Annual Adjustments

Annual adjustments should occur.

As it would be difficult to base it on the cost of practice monitors of all the provinces therefore we will use the Consumer Price Index for Canada.

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

Cost Impact to 1985 CDA Budget

The budget for 1985 calculates honoraria and per diems at current rates being applied from January 1, 1985 to December 31, 1985.

The total projected for 1985 for honoraria and per diems is \$213,750.

Acceptance of the recommendations of this Committee would impact as follows (Proposed for April 1, 1985 implementation).

Honoraria:

	<u>1984-85 Rate</u>	<u>1985 Rate Proposed</u>	<u>Increase</u>
President	\$ 20,000	\$ 36,000	\$16,000
President-Elect	\$ 10,000	\$ 18,000	\$ 8,000
Past-President	\$ 10,000	\$ 18,000	\$ 8,000
Executive Council	—	\$ 1,000	\$ 6,000

From January to March 1985 will be at the 84 rates. April 1 to September 30 will be at the 1985 Proposed rates, October 1 to December 31 will be the annual adjustment time and will increase the 1985 Proposed rates by 2.5%.

The input of the proposed changes are as follows:

	<u>Jan. - Mar. 1985 Approved Budget</u>	<u>Apr. 1 - Sept. 30 1985 Proposed Rates</u>	<u>Oct. 1 - Dec. 31 2.5% increase</u>
President	\$ 5,000	\$ 18,000	\$ 9,225
President-Elect	2,500	9,000	4,613
Past-President	2,500	9,000	4,613
Executive Council	0	3,000	1,536

Increase over 1985 Approved Budget

President	\$12,225
President-Elect	6,113
Past-President	6,113
Executive Council	<u>4,536</u>
	\$28,987

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

1985 Approved Budget:

<u>Officers</u>	<u>No. of Days</u>	<u>1985 Budget</u>
President	89	35,600
President-Elect	54	18,900
Past-President	54	18,900
Executive Council -		
Management Committees	229	80,150
CDA Appointees	6	2,100
Council Chairmen	64	16,000
Chairman of Board	6	2,100

1985 Proposed Changes:

<u>Officers</u>	<u>January 1- March 30/85</u>	<u>April 1- September 30/85</u>	<u>October 1- December 31/85</u>	<u>Increase</u>
President	11,200	26,650	13,325	15,575
President-Elect	3,500	19,500	9,327.50	13,427
Past-President	3,500	19,500	9,327.50	13,427
Executive Council-				
Mananagement Committee	19,950	80,700	39,206	92,033
CDA Appointees	350	1,350	922.50	522
Council Chairmen	4,000	9,300	5,227.50	2,527
Chairman of Board	1,050		1,999	949

The total increase in per diems from Proposals \$138,460

AD HOC COMMITTEE ON PER DIEMS & HONORARIA

RESOLVED:

- 85.7 1. THAT the per diem rate for Executive Council be \$450.00 per day.
2. THAT the per diem rate for the President, President-Elect, and Past-President be \$650.00 per day.
3. THAT the per diem rate for the Chairman of the Board be the same as that of the Management Committee \$650.00 per day.
4. THAT honoraria be paid to the President, President-Elect and Past-President as follows:

President	\$36,000
President-Elect	\$18,000
Immediate Past-President	\$18,000

5. THAT the per diem rate for Council Chairmen be \$300.00
6. THAT the Executive Council be paid a stipend of \$1,000 per year to cover incidental unclaimed expenses.
7. THAT annual adjustments be made to the honorarium for the President and all per diems equal to the Consumer Price Index for Canada for the current year and that the honorarium for the President-Elect and the Past-President be maintained at 50% that of the President.
8. THAT the compensation package for senior elected officers be reviewed relative to the cost of practice at least every five years.
9. THAT this compensation package become effective April 1, 1985.
10. THAT the compensation package be adjusted on October 1st of each year.

AND THAT in order to keep this compensation package in line with inflation these figures be adjusted upward by 2.5% on October 1, 1985, assuming a CPI of approximately 5%.

11. THAT per diems on weekends be paid at a half day rate.

AD HOC PER DIEMS AND HONORARIA

12. THAT the principles in Appendix A as approved by the Board in September, 1978 form part of this report.

APPENDIX A

AND THAT they are adjusted to include the Executive Council in the Honoraria section.

13. THAT the mileage rate per kilometer be increased from .20¢ to .25¢.

ADOPTED

NOTE: A motion to table Recommendation #6 of this motion was defeated.

NOTE: A motion to table all of these recommendations was defeated.

Respectfully submitted,

D.B. Smith
Chairman
Ad Hoc Committee on
Per Diems

ADOPTION OF REPORT:

The Board of Governors receives the Report of the Ad Hoc Committee with appreciation.

AD HOC COMMITTEE ON PER DIEMS

DIRECTIVES OF THE C.D.A.

- I - HONORARIA
- II - PER DIEMS
- III - REIMBURSEMENT
OF EXPENSES

APPROVED BY

THE BOARD OF GOVERNORS

September 9, 1978

DATE

CHAPTER I - HONORARIA

Article 1 Field of Application

- 1.1 The present directive applies to the position of President of the Association and to the positions of Past-President and President-Elect.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 President of the Association signifies that position which is described in Article IX, Section 2 of the By-Laws of the Employer.
- 2.3 President-Elect of the Association signifies that position which is described in Article IX, Section 3 of the By-Laws of the Employer.
- 2.4 Past-President of the Association signifies that position which is described throughout the By-Laws of the Employer.

Article 3 General Principle

- 3.1 To receive the remuneration for a particular position one must be elected by the Board of Governors.

Article 4 Duties and Obligations

- 4.1 To receive the remuneration and the per diems attached to each position the President, Past-President, and President-Elect must fulfill those duties and obligations specified in the By-Laws of the Canadian Dental Association as well as those duties and obligations delegated by the Board of Governors and Executive Council.

AD HOC COMMITTEE ON PER DIEMS

CHAPTER I - HONORARIA

Article 5 Honorarium

- 5.1 The position of President of the Canadian Dental Association will be remunerated as per the attached Schedule A.
- 5.2 The positions of President-Elect and Past-President of the Canadian Dental Association will be remunerated as per the attached Schedule A.

Article 6 Effective Date

- 6.1 This directive is to be effective as of October 1, 1978.

AD HOC COMMITTEE ON PER DIEMS

CHAPTER II PER DIEMS

Article 1 Field of Application

- 1.1 The present directive applies to all Members of the Executive Council, Chairman of the Board, Council Chairmen, and to Presidential Appointees ratified by the Management Committee, and is applicable 7 days a week.
- 1.2 When a person is receiving a per diem from another organization, the CDA will not pay a per diem.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 Participant signifies the Members of the Executive Council, Chairman of the Board, Council Chairmen and Presidential Appointees.

Article 3 General Principle

- 3.1 For a meeting to be considered eligible it must be convened by the President, Executive Director or Council Chairman in the context of their duties and obligations and be approved by the Management Committee. It is the policy of the Canadian Dental Association to provide, on the basis of budgeted funds, reimbursement for travel and maintenance expenses of all personnel on official business for the Association.
- 3.2 For representation to be considered eligible it must be so mandated by the Board of Governors President, Executive Director or Executive Council.
- 3.3 Except for exceptional circumstances, a meeting should be held at the Headquarters of the Association. Notice of meeting issued from Headquarters constitutes authorization that Members travel is on official business.

AD HOC COMMITTEE ON PER DIEMS

CHAPTER II - PER DIEMS

Article 4 Executive Council Members

- 4.1 The per diem for an Executive Council member for a full day meeting shall be as per the attached Schedule A.

Article 5 Chairman of the Board

- 5.1 The per diem for the Chairman of the Board for a full day meeting shall be as per the attached Schedule A.

Article 6 Council Chairmen

- 6.1 The per diem for the Council Chairmen for a full day meeting shall be as per the attached Schedule A.

Article 7 Presidential Appointees

- 7.1 The per diem for the Presidential Appointees for a full day meeting shall be as per the attached Schedule A.

Presidential Appointments are subject to ratification by the Management Committee.

Article 8 Effective Date

- 8.1 This directive is to be effective as of October 1, 1978.

CHAPTER III - REIMBURSEMENT OF EXPENSES

Article 1 Field of Application

- 1.1 The present directive applies to all Governors, Chairman of the Board, members of Executive Council, Council Chairmen, elected Council members, Committee Chairman and resource personnel or Presidential appointees, (as approved by Management Committee), Management Committee.

Article 2 Definitions

- 2.1 Employer signifies the Canadian Dental Association.
- 2.2 Designated persons signifies those individuals listed above.

Article 3 General Principle

- 3.1 In order that an expense be reimbursed by the Association it must be necessary, reasonable and have been effective.
- 3.2 It is the policy of the Canadian Dental Association to provide, on the basis of budgeted funds, reimbursement for travel and maintenance expenses of all personnel carrying on official business for the Association.

Article 4 Authorization

- 4.1 The authorization for any expense must have been approved by either the Board of Governors, Executive Council, President, Executive Director or Management Committee.

Article 5 Travel, Meals, Lodging and Telephone - on Presentation of Receipts

5.1 Travelling Expenses

Article 5 Travel, Meals, Lodging and Telephone - on Presentation of Receipts (cont'd)

5.1.1. General Rules

The distance which will be recognized for compensation is that which is necessary and undertaken by a designated person on the exercise of his duties.

The expenses for all forms of travel incurred by a designated person in the exercise of his duties are eligible for reimbursement. Furthermore parking expenses before, during and after an authorized trip are to be reimbursed.

5.1.2. Personal Automobile

The designated person who uses his personal automobile in the exercise of his duties will receive the following indemnity: X number of cents per km as per Schedule A.

5.1.3. Taxis

The employer will reimburse the designated person for the actual expense incurred when a taxi is authorized in the exercise of his duties.

5.1.4. Common Transport

The employer will reimburse the designated person for the actual expense incurred when common transport is utilized in the exercise of his duties. Normally, economy class fare will be the amount reimbursed.

5.1.5. Parking and Tolls

The employer will reimburse the designated persons parking and toll expenses incurred in the exercise of his duties.

5.2. Meal Expenses

The employer will normally reimburse the designated persons for meal expenses incurred in the exercise of his duties.

AD HOC COMMITTEE ON PER DIEMS

CHAPTER III - REIMBURSEMENT OF EXPENSES

Article 5 Travel, Meals, Lodging and Telephone - on Presentation of Receipts (cont'd)

5.3 Lodging Expenses

The employer will normally reimburse the designated persons for lodging expense incurred in the exercise of his duties.

5.4 Maintenance

Maintenance includes actual expenses of the traveller for hotel, meals, gratuities and local travel, during the time it is necessary to be away from home or office to satisfy the purpose of the travel. For meetings such as council and committee meetings and the Board of Governors' meeting, hotel expense may be included from the evening preceding a daytime meeting until the morning following the close of the meeting.

5.5 Telephone

Prior authorization is required to claim long distance telephone expenses in the exercise of his duties.

Article 6 Other Expenses

6.1 When other expenses are incurred as a result of the present directive receipts must be produced.

Article 7 Payment of Accounts

7.1 Each expense account should be presented by the designated person within forty-five (45) days. The account should be accompanied by original receipts and any necessary additional information that would be required.

Article 8 Effective Date

8.1 This directive is to be effective as of October 1, 1978.

NOTE: Any expense claim disputes will be reviewed by the Management Committee upon request.

AD HOC COMMITTEE ON PER DIEMS

SCHEDULE "A"

HONORARIA AND PER DIEMS

RECOMMENDATIONS

AD HOC COMMITTEE MEETING

MAY 19, 1978

1985

Honoraria:

President	-	\$12,000. per year	\$36,000
President-Elect	-	6,000. per year	18,000
Past-President	-	6,000. per year	18,000

Per Diems:

President	-	\$350. per day	650 per day
President-Elect	-	300. per day	650 per day
Past-President	-	300. per day	650 per day
Executive Council Member	-	300. per day	450 per day
Chairmen of Councils	-	200. per day	300 per day
Chairman of Board	-	200. per day	650 per day

Per Diems will be paid for the following:

- 1) Executive Council Meetings
- 2) Management Meetings
- 3) Meetings at the President's Request
- 4) All other Council Meetings
- 5) Half-day travel when half-day is necessary

Mileage:

\$0.20 per kilometer

20¢/km

Executive Council agrees with this Schedule.

COUNCIL ON CONSTITUTION & BY-LAWS

REPORT TO THE 1985 CDA INTERIM BOARD OF GOVERNORS

MEMBERS: Dr. G. H. Peacock, Saskatchewan, Chairman
Dr. M. J. Crompton, New Brunswick
Dr. B. Jackson, Ontario
Dr. M. J. R. Leitch, British Columbia

Dr. E. F. Allison, Calgary, Executive Liaison

1. Council Meetings

Since the 1984 Annual Board of Governors meeting no meetings of the Council have taken place, rather all items requiring action were handled through written correspondence.

Items Requiring Board Action

2. Life Membership

Resolutions 84.56 and 84.57, September 1984.

RESOLVED:

85.16 THAT Article V, Section 5 be amended as appended.

APP. A & B

ADOPTED

NOTE: Executive Council will direct the Membership Committee to consider re-drafting Article V, Section 5 taking into account the comments expressed by the Board (the addition of the phrase in Canada, and active member, and vetting of possible recipients of life membership through the provincial corporate bodies in consultation with the provincial licensing bodies).

3. Council on Education

Resolution 84.75, September, 1984.

RESOLVED:

85.17 THAT Article XVI, Section 4 (c) be amended as appended.

APP. C & D

ADOPTED

4. Council on Health Care

RESOLVED:

85.18 THAT Article XVI, Section 4 (e) be amended as appended.

APP. E & F

ADOPTED

COUNCIL ON CONSTITUTION & BY-LAWS

Items for Information - Not Requiring Board Action

5. Council notes with regret that Dr. G. Anthony and Dr. D.L. Thompson are no longer directly associated with the Council and extends to them its sincere thanks for jobs well done.

Respectfully submitted

Dr. G. H. Peacock
Chairman
Council on Constitution & By-Laws

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Constitution & By-Laws with appreciation.

COUNCIL ON CONSTITUTION & BY-LAWS

CURRENT ARTICLE V, SECTION 5

Any dentist who has practised his profession for at least 40 years or who, on attaining his sixty-fifth birthday is at such time a member in good standing of the Association may at his request and upon approval of the Executive Council become a Life Member of the Association.

COUNCIL ON CONSTITUTION & BY-LAWS

PROPOSED AMENDED ARTICLE V, SECTION 5

THAT any dentist who has practised his or her profession for at least 40 years or who, on attaining his or her sixty-fifth birthday has been a member in good standing of the Association for half of his or her practice years, with the last three consecutive; will on approval of the Executive Council become a Life Member of the Association.

COUNCIL ON CONSTITUTION & BY-LAWS

CURRENT ARTICLE XVI, SECTION 4 (c)

(c) Council on Education and Accreditation

The Council on Education and Accreditation shall consist of seventeen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
- (3) One person nominated by the Council on Student Affairs.
- (4) Two persons from nominations of the Registrars, by the Conference of Provincial Dental Licensing Authorities .
- (5) Two persons from nominations by National Dental Examining Board of Canada.
- (6) One person from nominations by Association of Canadian Faculties of Dentistry.
- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
- (10) One person appointed by the Canadian Dental Assistants' Association.

The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group. The election or appointment to Council is for a three year term.

COUNCIL ON CONSTITUTION & BY-LAWS

CURRENT ARTICLE XVI, SECTION 4 (c)

The Association of Canadian Faculties of Dentistry, the National Dental Examining Board of Canada, the Royal College of Dentists of Canada, the Council on Student Affairs and the Canadian Forces Dental Services have the privilege, without Canadian Dental Association financial responsibility, of non-voting participation in the Council on Education and Accreditation of one representative each.

The Council on Education and Accreditation shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education and Accreditation may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

It shall be the duty of the Council of Education and Accreditation:

- (i) to give study to all matters relating to dental education.
- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.

COUNCIL ON CONSTITUTION & BY-LAWS

CURRENT ARTICLE XVI, SECTION 4(c)

- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.
- (vi) to approve the didactic elements of hospital and institutional internships in accordance with requirements approved by the Board of Governors, when such hospital and institutional internships are components of accreditable dental service programs.
- (vii) to co-operate where appropriate with the Council on Hospital and Institutional Services in the undertaking of joint surveys of hospital or institutional dental services.
- (viii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (ix) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

COUNCIL ON CONSTITUTION & BY-LAWS

PROPOSED ARTICLE XVI, SECTION 4 (c)

(c) Council on Education and Accreditation

The Council on Education and Accreditation shall consist of seventeen members. In electing the membership of the Council the Board of Governors will assure that representation is constituted as follows:

- (1) Three members shall be full-time active members of the Faculties of Canadian Dental Schools.
- (2) Four members shall not be full-time Dental Faculty members. The Chairman shall be appointed by the Executive Council from Groups 1 and 2.
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- (5) Two persons from nominations by National Dental Examining Board of Canada.
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- (7) One person from nominations by Royal College of Dentists of Canada.
- (8) A lay person appointed by the Board of Governors.
- (9) One person appointed by the Canadian Dental Hygienists' Association.
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The election to Council is for a three-year term, staggered, once renewable except for the student member, who shall be elected for one year renewable. No person shall hold more than one position on the Council nor may he represent more than one organization or group. The election or appointment to Council is for a three year term.

COUNCIL ON CONSTITUTION & BY-LAWS

PROPOSED ARTICLE XVI, SECTION 4 (c)

The Council on Education and Accreditation shall have the power to appoint committees and subcommittees as it shall deem expedient.

The Council on Education and Accreditation may recommend to the Executive Council the appointment of consultants or advisors and recommend for employment such other personnel as is needed from within or without the membership of the Association for any purpose within its jurisdiction, providing that if such appointments involve expenditures of funds other than those already allotted to the council they must be approved by the Board of Governors.

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- (ii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to Dental Education.
- (iii) to evaluate the various forms of dental education and to recommend revisions to the Board of Governors when necessary.
- (iv) to accredit undergraduate, postgraduate and graduate programs in dentistry, programs in dental hygiene, and dental assisting courses, and periodically review such accreditation in accordance with requirements and standards approved by the Board of Governors and such other areas of dental education as may from time to time be approved by the Board of Governors.
- (v) to approve dental internships and residencies in accordance with requirements and standards approved by the Board of Governors, when such dental internships and residencies are components of accreditable postgraduate and graduate programs.

COUNCIL ON CONSTITUTION & BY-LAWS

PROPOSED ARTICLE XVI, SECTION 4(e)

- (vi) to approve the didactic elements of hospital and institutional internships in accordance with requirements approved by the Board of Governors, when such hospital and institutional internships are components of accreditable dental service programs.
- (vii) to co-operate where appropriate with the Council on Hospital and Institutional Services in the undertaking of joint surveys of hospital or institutional dental services.
- (viii) to develop guidelines and make recommendations of the same to the Board of Governors in respect of matters relating to specialization in dentistry to programs leading to specialist qualifications.
- (ix) to recommend to the Board of Governors methods of assisting corporate members and/or provincial licensing bodies with respect to dental education, when requested.

COUNCIL ON CONSTITUTION & BY-LAWS

CURRENT ARTICLE XVI, SECTION 4 (e)

(e) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body and a Chairman. The Canadian Dental Association shall have no financial responsibility for non-members of the CDA.

Following the selection of the Chairman of the Council on Health Care by the Executive Council, the President of the Canadian Dental Association, in consultation with corporate body from which the Chairman is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

- (i) to gather and evaluate information to formulate position papers and guidelines, and to make recommendations to the Board of Governors on matters relating to dental health care, dental programs and auxiliary personnel;
- (ii) to review by appropriate means all methods of reducing oral disease and to formulate guidelines for their implementation;
- (iii) to be cognizant of programs and methods of providing dental services and to develop related policies and guidelines;
- (iv) to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
- (v) to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
- (vi) to act upon any related matter that may from time to time be assigned by the Executive Council.

COUNCIL ON CONSTITUTION & BY-LAWS

PROPOSED ARTICLE XVI, SECTION 4 (e)

(e) Council on Health Care

The Council on Health Care shall consist of one voting member from each corporate body, one voting member appointed by the Canadian Dental Hygienists' Association, one voting member appointed by the Canadian Dental Assistants' Association and a Chairman. The Canadian Dental Association shall have no financial responsibility for non-members of the CDA.

Following the selection of the Chairman of the Council on Health Care by the Executive Council, the President of the Canadian Dental Association, in consultation with corporate body from which the Chairman is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

It shall be the duty of the Council on Health Care:

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- (iii) to be cognizant of programs and methods of providing dental services and to develop related policies and guidelines;
- (iv) to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
- (v) to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
- (vi) to act upon any related matter that may from time to time be assigned by the Executive Council.

DENTAL MATERIALS & DEVICES

REPORT OF THE 1985 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. R.Y. Barolet, Quebec City, Chairman
Dr. P.C. Desautels, Montreal, Que.
Dr. L.N. Johnson, London, Ont.
Dr. D.W. Jones, Halifax, N.S.
Dr. S. Newman, Edmonton, Alberta
Dr. R.H. Roydhouse, Vancouver, B.C.
Dr. D.C. Smith, Toronto, Ont.
Dr. P.T. Williams, Winnipeg, Man.

Dr. C. Chicoine, Executive Liaison, Montreal, Que.

1. Council Meeting

One Council meeting took place at the Ottawa headquarters on October 30, 1984 since the last report to the 1984 Board of Governors meeting held in September 1984.

Items for Information - Not Requiring Board Action

2. Safe Handling of Mercury

Discussions were held on the Workshop that the American Dental Association had in Chicago in July 1984 on Metals Used in Dentistry and more specifically on the problem of mercury toxicity. CDA staff advised the Council that requests are often received for guidelines on safe mercury handling. Because the previous publication on the subject was done in 1979, a new checklist for safe mercury handling was prepared. Council approved the following set of guidelines for distribution in regard to such requests and presents the guidelines to the CDA Board of Governors for information.

1. all office personnel should be educated to understand the potential hazards of handling mercury and the need to follow safe mercury handling practices;
2. mercury will penetrate the skin and therefore should not be handled directly;

DENTAL MATERIALS & DEVICES

Items for Information - Not Requiring Board Action (cont'd.)

3. the use of precapsulated alloy and mercury is highly recommended to eliminate the possibility of spills during the handling of bulk mercury;
4. bulk mercury should be kept in its original container which should be tightly closed and stored in a cool place;
5. all operations involving mercury should be carried out over smooth, lipped surfaces to confine mercury spills and aid in their recovery;
6. flooring in dental operatories should be smooth and be free of joints. Carpeting is contraindicated in operatories because it is impossible to decontaminate once mercury has penetrated it;
7. all mercury spills should be picked up as soon as possible;
8. mercury dispensers should be handled with extreme care and discarded if they leak;
9. reusable capsules can deteriorate with use and should be replaced regularly;
10. an amalgamator with completely enclosed arms and capsule is preferred. The amalgamator should be placed in a location or over a device which permits easy clean up of mercury that escapes during trituration;
11. the interior surfaces of the amalgamator are a major source of mercury contamination and should be wiped clean;
12. the use of face masks is desirable; these should be discarded once contaminated;
13. ultrasonic condensing techniques are contraindicated;

DENTAL MATERIALS & DEVICES

Items for Information - Not Requiring Board Action (cont'd.)

14. water spray and suction are required during the grinding or cutting of silver amalgam;
15. amalgam which requires heating should not be used;
16. all used mercury and amalgam scraps should be sorted under mercury vapour suppressing liquids - or when these are not available, x-ray fixer - in a tightly closed container for proper disposal;
17. do not allow mercury or mercury contaminated wastes to be dropped in the drain or sewer since this contributes to the ecology problem associated with mercury;
18. smoking immediately after or during the handling of mercury will increase the uptake of mercury;
19. air filters in recirculating ventilation systems should be changed regularly;
20. do not use vacuum cleaners in areas where mercury is handled. They increase the contamination by recycling the mercury into the atmosphere;
21. periodic mercury vapour level determinations should be made in operatories;
22. if contamination is suspected, hair, blood and/or urine of dental personnel should be medically tested for mercury contamination;

These Guidelines should be printed in the Journal and made available to the profession preferably printed on a stiff or rigid paper that could be posted in a dental office. Sponsors to defray the costs of such an endeavour should be sought.

The Board of Governors received these Guidelines from the Council on Dental Materials and Devices.

DENTAL MATERIALS & DEVICES

Items For Information - Not Requiring Board Action (Cont'd)

3. CDRF Award

Applications that were received for the 1984 competition are being evaluated and a recommendation will be forthcoming at the September Board of Governors meeting.

4. Ad Hoc Inter-Association Committee on Implant Verification Process

A brief to the Minister of National Health and Welfare was sent requesting a meeting with Health Protection Branch officials to discuss the Regulations concerning Dental Materials which have been classified by the Ministry as implants. A favourable reply has been received from the Minister and meetings are scheduled to be held with Health Protection Branch officials in February of 1985.

5. CSA/CDA Certification Program

With the defeat of the motion by the Board of Governors at its last meeting for startup funding, the CSA/CDA Certification Program is at present considered to be in a dormant state. If ongoing investigations for possible funding are successful, it will be reactivated. Such a possibility would appear to be closely linked to Health and Welfare reaction to the Ad Hoc Inter-Association brief and related followup meetings.

6. Miscellaneous

The Council Chairman appeared as a witness on behalf of Cooper Laboratories before the Tariff Board to extend the exemption of dental instruments to tooth brushes. The results of these Hearings are not yet available.

Respectfully submitted,

R.Y. Barolet,
Chairman
Council on Dental
Materials & Devices.

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Dental Materials and Devices with appreciation.

COUNCIL ON HEALTH CARE

REPORT TO THE 1985 INTERIM CDA BOARD OF GOVERNORS

Members: Dr. H. Horsman, New Brunswick, Chairman
Dr. A.D. Crocker, P.E.I.
Dr. E.K. Fukushima, B.C.
Dr. K.I. Hamilton, Saskatchewan
Mrs. Peggy Larder, CDHA, Halifax, N.S.
Ms. Suzanne Mader, CDAA, Halifax, N.S.
Dr. G. McFarlane, Newfoundland
Dr. C.T. McNichol, Alberta
L-Col. P.R. McQueen, CFDS, Ottawa, Ontario
Dr. R.B. Porter, Nova Scotia
Dr. R.C. Rooney, New Brunswick
Dr. D.G. Sage, Ontario
Dr. K.R. Skinner, Manitoba
Dr. A. Toeman, Quebec

Dr. W. Bedford, Sr. Consultant Dentistry,
Health & Welfare
Dr. J.C. Tsafaroff, DVA, Toronto, Ontario
Mr. B.J. Henderson, Director of Accreditation,

Dr. R. Markey, Vancouver, B.C., Executive Liaison

1. Council Meeting

Since the Annual Board of Governors meeting in September 1984 the Council on Health Care has met once on November 8-9, 1984.

Items Requiring Board Action

2. Fluoridation

Since Mr. Bowen has retired as Fluoridation Officer for CDA the Council on Health Care discussed whether there was a need for CDA to look for a replacement. Council felt, at least for the present that the administrative staff at CDA could collect any new material on the topic and disseminate information to interested parties much as Mr. Bowen has done in the past.

COUNCIL ON HEALTH CARE

Items Requiring Board Action (cont'd.)

The need for a Canadian Fluoride Supplementary Dosage Schedule was emphasized and the Council on Health Care recommends :

RESOLVED:

- 85.19 THAT the Supplemental Fluoride Dosage Schedule(mg/day)be adopted as an accepted dosage schedule and if so adopted,the various companies manufacturing fluoride supplement be asked to revise their labelling to reflect this schedule.

APPENDIX G

ADOPTED

3. Unique Numbering System

A general review was made of the use and further implementation of the Unique Numbering System. Council therefore recommends:

RESOLVED:

- 85.20 THAT the Canadian Dental Association assign an identification number to each member. This number to be established with reference to the 9-digit I-D Number System adopted by CDA and with assistance from provincial bodies.

The intent of the motion is to encourage by a CDA initiative, the adoption by the provinces of the Unique I.D. Number as a preferred alternative to the social insurance number.

NOTE: The Board of Governors noted the redundancy of this motion reference 1981 Transactions Report of Council on Health Care to Annual Meeting and Board motion No. 82.33.

Items for Information - Not Requiring Board Action

4. Ad Hoc Committee on Third Party Insurance

In September 1984 the Board of Governors adopted the terms of reference set out by the Ad Hoc Committee on Third Party Insurance. Since this new committee will be functioning soon and its areas of concern were formerly part of the Council on Health Care mandate, Council felt that its own aims, objectives and processes in context of the establishment of the new Committee on Third Party Coverage should be studied in greater detail.

COUNCIL ON HEALTH CARE

Items For Information - Not Requiring Board Action (cont'd.)

5. Mandate of Council on Health Care

The Council is essentially concerned with assisting the profession in its responsibility to contribute to the prevention of oral disease and to the availability and improvement of Dental Services in Canada. It was agreed that Council's broad mandate creates a need to identify specific aims and objectives, to prioritize these and to employ processes and procedures which can expedite accomplishment. It was the decision of Council that an ad hoc committee of Council be struck to review Council's mandate, priorities and processes in the context of the formation of the Committee on Third Party Coverage and the perspective of the CDA Board.

The Ad Hoc Committee will be chaired by Dr. Ed Fukushima and that the members be Dr. Don MacFarlane, Dr. Ron Markey, Dr. Keith Hamilton, Dr. Howard Horsman with Mr. Brian Henderson as the staff resource.

Executive Council has given approval for appropriate funds for this Ad Hoc Committee subject to reconsideration if conclusions of the Organizational Study suggest that this would be unnecessary or a duplication of effort.

The meeting has been scheduled for March 1985 in Vancouver, B.C.

6. Radiation Guidelines

When the document "CDA Guidelines for the Control of Radiation in the Dental Office" was approved, Council had intended to do a yearly review. Accordingly, the document "CDA Guidelines for the Control of Radiation in the Dental Office" will be referred back to the Canadian Academy of Oral Radiology to be re-worded in a manner acceptable to the Academy and in keeping with the current format.

Our objective is to end up with a document that is satisfactory to the Board and the Academy of Oral Radiology.

7. Auxiliaries

Canadian Dental Hygienists' Association

As a result of the Council on Education and Accreditation request to draft (for that Council's review) a detailed statement of required competencies (competency profile) for the basic hygienist C.D.H.A. has allocated \$5,000 toward this project. The Council on Health Care noted its own interest in the completion of this task as part of its mandate "to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel". Financial difficulties C.D.H.A. face in responding to the CDA request were reviewed.

COUNCIL ON HEALTH CARE

Items for Information - Not Requiring Board Action (cont'd.)

The Council on Health Care stresses the importance of developing national competency profiles for Dental Assistants and Dental Hygienists and supports the C.D.H.A. request for \$15,000 from CDA as CDA's share of the costs of developing draft positions for review by Council on Health Care and Council on Education and Accreditation.

Executive Council has supported this request as an addition to the Council on Education and Accreditation budget for the establishment of an appropriate CDA committee.

8. Guidelines for Use of Sedation and Anaesthetic Drugs in a Dental Practice

As a result of receiving a document entitled "Guidelines for the Use of Sedation and Anaesthetic Drugs in a Dental Practice in Saskatchewan" from Dr. Niedermayer, Council felt that it was within their mandate to explore this topic further. As a result of Council's discussions, it was agreed that the CDA approach the Corporate Bodies asking for specific guidelines re: Sedation and Anaesthetic techniques which are currently published in their province and further ask the Corporate Bodies to comment on the advisability of a National Policy concerning the above.

9. Statement Re: Unproven Treatment Methods

This statement which is Appendix II of this report was referred to the Council on Health Care for our consideration from the Council on Education's report at the Annual Meeting of the Board in September 1984. After much discussion and attempts at re-wording, it was the decision of Council to accept the "Statement Re: Unproven Treatment Methods".

APPENDIX H

A letter was also sent to the Council on Ethics advising them of our findings.

Respectfully submitted

H.W. Horsman, D.D.S.
Chairman,
Council on Health Care.

ADOPTION OF REPORT

The Board of Governors accepts the Report of Council on Health Care with appreciation.

The Canadian Dental Association would like to adopt an accepted dosage Schedule for the daily ingestion of fluoride.

SUPPLEMENTAL FLUORIDE DOSAGE SCHEDULE (mg/Day*)

Age	<u>Concentration of Fluoride in Drinking Water (ppm)</u>		
	< 0.3	0.3-0.7	> 0.7
Birth - 2 yr.	0.25	0	0
2-3 yr.	0.50	0.25	0
3-16 yr.	1.00	0.50	0

* 2.2mg sodium fluoride contains 1 mg fluoride.

STATEMENT RE UNPROVEN TREATMENT METHODS

Treatment methods utilized by dentists in the management of patients which have not been verified by sound scientific evidence should only be used with the patient's informed consent, in writing. This consent would recognize the probabilities of success and the potential complications of such treatment. Such methods of treatment should only be used after other accepted treatment modalities have been assessed and found to be unsuitable.

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

REPORT TO THE 1985 CDA INTERIM BOARD OF GOVERNORS

MEMBERS Dr. J. H. Gryfe, Chairman, Ontario
 Dr. C. Foster, Manitoba
 Dr. J. Hardie, Ontario
 Dr. E. L. MacInnis, Nova Scotia
 Dr. L. Trudel, Quebec
 Dr. W. S. Walter, British Columbia

 Dr. J. Robertson, Executive Liaison, P.E.I.

1. Council Meetings

One meeting of the Council has been held since the 1984 annual CDA Board of Governors meeting, on January 11 and 12, 1985 in Ottawa. All members of the Council were present with the exception of Dr. Trudel, as were the Executive Liaison representative and the Director of Accreditation.

Items for Information - Not Requiring Board Action

2. Council reviewed the minutes of the first meeting of the Joint Advisory Committee and is very pleased with the spirit of co-operation that is apparent from this report.
3. With the assistance of allied dental groups the Council is developing a Manual for the Oral Care of the Chronic Care Patient. It is anticipated that this document will be available for Board scrutiny at the annual meeting in September. This document with approval will become Part II of the "Resource Document" approved one year ago by the Board of Governors. With the proclamation of Bill 138 — "An Act Representing the Protection and Promotion of the Health of the Public" by the province of Ontario on July 1, 1984, a precedent was set in Canada that this Council feels will be acted on by other provinces as well. This action makes the proposed action of even greater significance and necessity.
4. The Department of Veterans Affairs has requested participation in CDA's Hospital and Institutional Survey Program. It is anticipated that the initial survey will be done at Shaughnessy Hospital in Vancouver.
5. Council has reviewed a preliminary set of guidelines proposed by CCHA to be included in their Standards and Guidelines Directory. For the most part these dental guidelines parallel those presently circulated by CDA.

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

6. A motion was made and passed unanimously which reads as follows:
"Council wishes to express its deep appreciation to Mr. Hubert Drouin for his efforts on behalf of CDA and in particular the Council on Hospital and Institutional Services. We wish him every success in his future endeavours."
7. A motion was made and passed unanimously which reads as follows:
"Council wishes to express its deep appreciation to Mrs. Thora Appelt for her continuing efforts on behalf of this Council. We wish her every happiness in her retirement and note that she will be sorely missed."
8. Council approved the following hospital dental services:
 1. Hospitalier l'Enfant Jesus, Ste-Foy, Quebec.
 2. University Hospital, Saskatoon, Saskatchewan
9. Sunnybrook Medical Centre has been granted an extension of the present accreditation status of the Internship program until completion of the new physical facilities.

Respectfully submitted

Dr. John H. Gryfe
Chairman
Council on Hospital & Institutional
Services

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Hospital & Institutional Services with appreciation.

COUNCIL ON INFORMATION SERVICES

REPORT TO THE INTERIM CDA BOARD OF GOVERNORS MEETING

Members: Dr. Y. Kamachi, Chairman, Ontario
Dr. R. Howaniec, British Columbia
Dr. W.T. Koltek, Manitoba
Dr. G. Lafrenière, Québec
Dr. C.S. LeBlanc, New Brunswick

Dr. J.W. Niedermayer, Executive Liaison, Saskatchewan

Items for Information - Not Requiring Board Action

Council Meetings

1. Council has met once since the last Board of Governors meeting, that being October 29, 1984 in Ottawa. Mr. Mark Sarner, Manifest Communications, and Dr. P.R. Crawford, President were special guests at this time.

Pamphlet Program

The CDA pamphlet program was reviewed as follows:

TMJ Disorder

2. The new TMJ Disorder pamphlet has been advertised recently in the CDA Communiqué and Journal and very favourable comments have been received. Its popularity will be judged as orders are filled over the next few months.

Care Following Minor Oral Surgery

3. It was Council's decision to replace this pamphlet with a simple one-page instruction sheet (to be produced in tear-off pads). This information was intended for use by general practitioners, and it was noted that the Canadian Association of Oral and Maxillofacial Surgeons has prepared an information pamphlet for use by the specialists.
4. It was suggested that a series of instruction pads may be useful for dental offices. These could be designed to allow for overprinting of the dentist's name, phone number, etc. and would include the CDA name and logo. Various topics could be addressed in this manner and this system will be investigated.

COUNCIL ON INFORMATION SERVICES

Items for Information - Not Requiring Board Action (cont'd.)

Pamphlets - Continued

Geriatric Pamphlet

5. Dr. John Hardie, an expert in geriatric dental care has offered to assist with preparation of an educational pamphlet and this information may also take form of fact sheets.
6. A number of other topics are being considered for information fact sheets and/or pamphlets such as Paedodontics, Pregnancy and Oral Health and Orthodontia. Discussions with Mr. Sarner, Manifest Communications, revealed the need for writing these in lay language for public education.
7. As a consequence, new pamphlets are temporarily "on hold" until a mechanism can be put into place. A roster of recognized authorities in specific areas will be established as resource persons to assist Manifest Communications in the development of technical material.
8. Pamphlets or documents will be written by the communications firm from materials provided either by CDA staff or a specialist in a particular area.
9. Drafts will be sent to the specialist or resource person for approval, comment and correction; however a short turn-around time will be necessary to avoid production delays.

Spokespersons

10. A Speakers' Bureau will be developed in order to provide official dental spokespersons, and speakers will be provided training to carry out these responsibilities.

N.D.H.M. - Dental Awareness Program

11. The "kick-off" for the CDA Dental Awareness Program will be NDHM in April of this year. Mr. Sarner presented an update of the strategy for dental awareness program and priorities were reviewed. An article is planned for the CDA Journal. APPENDIX I
12. Manifest Communications will visit each province during the month of November, speaking with NDHM chairmen and chief executive officers.

COUNCIL ON INFORMATION SERVICES

Items for Information - Not Requiring Board Action (cont'd.)

N.D.H.M. - Dental Awareness Program - Continued

13. It was decided that the 1984 theme for NDHM "The Three Minute Workout" would not represent the dental awareness project and will be replaced by a new theme, to be announced in early January. Provinces that have developed their own themes can still make use of the CDA tools and training packages.
14. The pamphlet program, as discussed earlier will remain as is for the time being, and a speakers bureau will become a part of the dental awareness program.
15. All of the projects that are part of the D.A.P. will be directed by the CDA and a workshop will be planned for early spring to include a hands-on approach for participants on how to effectively use the various materials prepared for the D.A.P. project, and how to deal effectively with the various media. Fact sheets will also be made available for information.
16. The activities of the D.A.P. have necessitated that the Council on Information Services review its new role and relationship. There will be a greater advisory role for members for the duration of the program, giving a new dimension to the tasks of Council.

Future Activity

17. A report relevant to the progress of the D.A.P. will be delivered to the Board of Governors twice a year by Manifest Communications.

A second meeting of the Council on Information Services is scheduled just prior to the Board of Governors meeting. As a result of the fast-moving events taking place to launch the new campaign, an update will be available at the March Interim meeting.

Respectfully submitted,

Y. Kamachi, D.D.S.
Chairman
Council on Information Services

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Information Services with appreciation.

THE DENTAL AWARENESS PROGRAM
A Status Report

Presented to:

Board of Governors
Canadian Dental Association
March 7, 1985

by
Dr. Yosh Kamachi
Chairman
Council on Information Services

My purpose today is to provide a status report on the Dental Awareness Program --or D.A.P. as it is now called for short.

The January Report presented to Executive Council highlights much of the activity to that point. A great deal has happened since then, however (that's the thing about D.A.P.--it keeps on moving relentlessly forward). I'm including in this presentation, then, some recent developments you may not already be aware of.

Most important, I'm going to try to put all this activity in context. My focus is not on all the nuts and bolts details, but on the key achievements of D.A.P. with examples of how activities fit in. The areas are:

- Provincial Relations
- Corporate Sponsorship
- Leverage
- Membership Communication
- and
- National Dental Health Month

First, I thought it would be worthwhile to quickly review what this board committed to in approving D.A.P. last fall.

The Mandate: To launch and sustain the most ambitious public education/motivation program to date in the dental health field.

The Objective: To educate and motivate Canadians to better dental health practices and to foster a better understanding of and utilization of the dental profession.

The Public: Primarily those Canadians who already go to the dentist but do not do so as regularly as they should to maintain their dental health.

The Budget: Almost 400,000 CDA \$ over two years.

The Challenge: To leverage CDA \$ 4:1 by rallying support-- financial and otherwise-- from the private and public sector.

The Benefits: -A higher priority for dental health in the public arena

-Greater appreciation of and use of professional services

-A high profile leadership role for C.D.A.

We knew from the beginning it would take time -- 12-18 months before we started to see any real results. Today, I can report that we would appear to be very much on track. And that D.A.P. is moving aggressively and affectively in the right direction. Here's

what has been achieved so far:

1. D.A.P. has introduced and maintained a new level of CDA/Provincial communication on public education and communication activities.

-The kick off this thrust was a province-by-province tour to explain and consult on D.A.P. as a whole and Dental Health Month '85.

-The Program has been sustained with regular written and verbal communication.

-D.A.P. is supporting Provincial Programs through creation and production of materials.

-A D.A.P. Media Training Workshop has been developed. To date, 7 provinces are either committed or scheduled to convene the workshop in their region.

- A D.A.P. planning workshop is scheduled for early June. The purpose of it is: to help provincial associations to better co-ordinate their own activities with D.A.P. and to provide opportunities to benefit from many of the programs D.A.P. has planned for the next

2. D.A.P. has re-positioned C.D.A. to key players in the corporate sector as the leader in dental health promotion in Canada.

-Focus to date has been on the Consumer Product Sector.

8 companies have been presented with C.D.A.'s awareness program.

-Corporate support and enthusiasm has been both vocal and unanimous.

Corporations acknowledge the appropriateness of C.D.A. taking on this leadership role.

They are ready, willing -- and financially able -- to join in and support C.D.A. in initiatives that meet their objectives as well.

-We will touch on a specific demonstration of corporate interest in a moment.

The important point here is simply this: The interest is there.

D.A.P. will be moving, over the next three months to translate that interest into corporate sponsorship of a variety of programs and initiatives.

3. D.A.P. has now demonstrated concretely that the leverage strategy works.

The true test of corporate support for D.A.P. -- and of the support of other organizations as well -- is whether or not these people will commit some of their money and resources to support C.D.A.'s program.

"The National Dental Health Check Up" demonstrates that D.A.P. passes the test with good marks.

"The Check Up" in the form of a magazine supplement will appear in April -- in Macleans in the April 7th issue. And in the May issue of L'Actualite which hits the newstands around April 23.

In addition C.D.A. will receive 350,000 copies of the supplement for its own uses.

In total over 1,200,000 copies reaching an estimated audience of up to 4,000,000 Canadians.

This supplement is completely supported by corporate sponsorship.

It's advertising value alone is over \$160,000

It's estimated value to C.D.A. may be as high as \$250,000.

The leverage factor here is between 8 and 10:1

Such a high multiplier will not be possible every time, of course.

The supplement does prove a point, however. A key point:

Leverage works. All things being equal, it will continue to work for

C.D.A. in the months and years to come.

4. D.A.P. has introduced direct and universal access to resources and information for all C.D.A. members.

The March journal includes a special two page section on Dental Health Month.

In three weeks -- barring a mail strike -- each CDA member will receive a special Dental Health Month Promotion Kit:

- A poster

- Button and decals

- A copy of the National Magazine Supplement

All these materials are to be provided at no cost.

They will be accompanied by a special issue of C.D.A.'s Communique.

The Communique will both explain D.A.P. as a whole and also showcase Dental Health Month. Finally it will provide tips on how to run an in-office promotion during April, using the materials provided. Communication to members will be maintained and broadened over time.

5. D.A.P. has planned and will launch C.D.A.'s most ambitious national media/public relations program to date. It starts April 1, as part of Dental Health Month.

The theme for the Launch Campaign -- and for Dental Health Month -- is

Dental Health: Good For Life

The objective is to gain visibility for C.D.A.'s message and spokespeople.

The "Good For Life" theme will see the light on posters, buttons and decals and in the supplement.

Provincial programming of these materials is augmented by a number of D.A.P. national initiatives, including:

- Direct distribution to 3,500 pharmacies across Canada
- Direct distribution to 9,000 health educators across Canada
- Direct distribution to all C.D.A. members
- Sale and distribution of buttons through the Hygienists Association

The media and public relations effort is supported by specially created National Press Information Kits.

Provincial kits are now on their way to every Provincial Association for use in regional press and P.R. activity.

The magazine supplement overruns will be aggressively programmed.

Provincial Associations have access to these overruns for their own programs.

The dental health story we're telling

this year is a good one. We are working to gain as much coverage for it as we can.

Sample of the "Good For Life" information kits are available for your perusal at the back.

The kick off for D.A.P. will be a National Press Convergence here in Ottawa on April 1st.

I've concentrated on the highlights. If it has taken some time to cover them, that's because we at Information Services thought you'd like to know. There may well be questions on this. Mark Sarner of Manifest is here to help answer them.

Before we throw this open, however, I would say that D.A.P. is now at the end of the beginning. If what's happened to date is any indication it is the beginning of something big -- big for C.D.A. and for dental health in Canada.

COUNCIL ON INSURANCE & INVESTMENT

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

Members CDSPI Board of Directors:

Dr. G. Anthony - Atlantic Provinces
Dr. G.F. Copithorne - British Columbia
Dr. R. Dupont - CDA Representative for Quebec
Dr. J.C. Giguere - Quebec
Dr. C.R. Hill - Manitoba & Saskatchewan (Chairman of
the Board
Dr. R.L. Moran - CDA Representative for Ontario
Dr. R.L. Rasmussen - Alberta
Dr. R.R. Schiewe - Ontario

Brig.-Gen. J.N. Wright - CDA Executive Liaison

Members of the CDSPI Management Committee are:

Dr. J.E. Durran - Burlington, President
Dr. R.L. Moran - Toronto, Treasurer
Dr. M.D. Charendoff - Toronto, Secretary

This Report includes all information that requires reporting and which has become available since September 22, 1984 (our last report to the CDA), and before December 31, 1984. The CDSPI Board met on September 23, 1984, and December 7, 1984.

Items of Business Requiring Board Action

1. Illegal Acts of Auxiliaries

The matter of the Malpractice coverage, or lack of coverage, for those dentists who allow their employed auxiliaries to perform illegal dentistry while under their supervision has been considered by the Board of CDSPI. As a result of a legal opinion, CDSPI circulated to all Co-Sponsors and Registrars the information that those practitioners who permitted illegal acts and subsequently became the object of a malpractice action, would not be covered. However, it appears that there are differences of interest in this regard and there is some difference in the intent that was required. Therefore, the CDA, as a policyholder, needs to make a decision. CDSPI recommends to the CDA Board of Governors:

COUNCIL ON INSURANCE & INVESTMENT

Items of Business Requiring Board Action (cont'd.)

RESOLVED:

- 85.21 THAT they consider, as a matter of policy, whether or not the performance by a dental assistant of unauthorized acts should result in complete exclusion of insurance coverage for both the dentist and the assistant for injury arising from those acts.

ADOPTED

NOTE: The above motion has been considered by the Board and it is the decision that the present restrictions should remain.

RESOLVED:

- 85.21 THAT the exclusion in the plan as noted should be clearly described in all material relating to the plan which is distributed to dentists and dental assistants.

ADOPTED

- 85.21 THAT all exclusions from malpractice coverage be fully disclosed to plan participants in an appropriate manner.

ADOPTED

2. Dental Occupational Hazards Committee

CDSPI has been requested to assist in a financial way with the CDA Health Screening Project at the annual convention in September, 1985, in Ottawa. CDSPI Board has passed a motion in this regard. Since the CDSPI motion refers to the use of the investment surplus, the action referred to with respect to investment surplus requires CDA Board approval. CDSPI therefore recommends to the CDA Board of Governors:

RESOLVED:

- 85.22 THAT the sum of \$5,000 be given in support of this project,

AND FURTHER:

COUNCIL ON INSURANCE & INVESTMENT

Items of Business Requiring Board Action (cont'd.)

- 85.22 THAT the investment surplus
 of the Life plan be used to
 fund this sum.

ADOPTED

RESOLVED:

- 85.23 THAT effective July 1st all CDIP
 participants having Office Content
 and Business Interruption Insurance
 on the records of CDSPI as at June 1, 1985
 will receive an automatic 5 per cent increase
 in coverage on their July 1st billing. Acceptance
 of this increase is not mandatory.

ADOPTED

Items for Information - Not Requiring Board Action

1. Plan Experience

Retention statements regarding LTD, Office Overhead and Basic Life, as well as statistics on the other CDIP plans, will be available as a hand-out at the CDA Board meeting. We will report on the entire 1984 experience at that time when our annual report figures are available.

2. Plan Changes

The one feature that was carried forward from the September CDA Board meeting unfinished was the guaranteed issue of specific amounts of Basic Term Life on certain anniversary dates. A final recommendation may be available for the March meeting, as the matter is still under review.

3. CDSPI Board Chairman

Dr. C.R. Hill, the CDSPI Director representing Saskatchewan and Manitoba, was elected as Chairman of the Board of CDSPI at our September Board meeting. He succeeds Dr. Roy Rasmussen, who served with distinction in this position for five years.

COUNCIL ON INSURANCE & INVESTMENT

Items for Information - Not Requiring Board Action (cont'd.)

It is a pleasure for us to be able to inform the CDA Board that a Retirement Services Department has been established at CDSPI, that Mr. Peter Dennett has been hired as our new Director of Retirement Services, and that he is currently very busy putting together the programs which, when approved, will be available to CDA members. Mr. Dennett is well qualified to develop the annuity service that our RSP participants will need. Naturally, it will be a normal progression to retirement planning and counselling, styled and developed strictly with the dentist in mind.

5. Graduate Package

The 1984 statistics for this package is attached.

APPENDIX J

6. Undergraduate Package

In 1984, there were 75 applications completed by undergraduates for 199 Life Insurance units and 427 Accidental Death and Dismemberment units (each unit equivalent to \$10,000 of coverage). The response to this package has been encouraging.

7. Student LTD

At the last Student Council meeting, it was agreed that this coverage could be obtained with an increased emphasis on AD & D. Since then we have investigated further options and may be in a position to offer further recommendations in our next report.

8. General Insurance Malpractice

We have been working with the insurer on developing a data base on malpractice claims from 1978 to the present. This will assist in demonstrating trends, costs, etc. When information has been more thoroughly reviewed, such trends will be presented for your information.,

It is becoming apparent that self-insuring against the risks of malpractice is perhaps not the answer to the maintenance of a reasonable premium. California is now permitted, by their equivalent of the Superintendent of Insurance, to write coverage for a maximum six-month period. They are being closely audited by the State authorities. Their premiums in certain classes have more than doubled in the last twelve months.

The RCDS found it necessary to change carriers as a result of a reduction of those who are willing to underwrite professional malpractice insurance. Therefore, it is increasingly important to carry through a successful loss prevention program.

COUNCIL ON INSURANCE & INVESTMENT

Items for Information - Not Requiring Board Action (cont'd.)

To this end, a second Loss Prevention Seminar is scheduled for March 22, 1985. The particular objective of this Seminar is to permit the licencing bodies to arrive at a consensus with respect to their role in loss prevention. It is becoming more obvious that in the area of malpractice coverage there are two areas of interest serving different masters - on the one hand we have the licencing bodies attempting to assure the protection of the public, and on the other we have CDA, CDIP, and the Provincial Association assuring the protection of the dentist.

Hopefully, the projected Loss Prevention Seminar will provide the forum which allows these groups to work towards a common goal, which meets both of their needs among a number of topics. The problem of insurance coverage for remedial dentistry will be considered at this Seminar.

9. Medical Evidence Questionnaires - Recertification

At the present time, a participant who is on claim for a protracted period is required to obtain medical evidence of continuing disability. This involves a fee which is charged by his medical doctor. CDSPI intends to pay for this charge up to an aggregate amount of \$25,000. If the total exceeds this amount, we will recommend payment by the LTD plan.

10. Promotion of CDIP Selective Mailings

In December, CDSPI commenced its selective mailing campaign to CDIP participants in order to increase awareness of coverage and increase penetration. The form of the mailing and its results are as follows: (figures as of December 31, 1984)

A	Mailing to those with Life coverage, but no AD & D	
	Mailed to	2,949
	Applications received	206
		<u>7.0 %</u>
B	Mailing to those with Office Contents by no Business Interruption	
	Mailed to	1,235
	Applications received	68
		<u>5.5 %</u>

COUNCIL ON INSURANCE & INVESTMENT

Items for Information - Not Requiring Board Action

C	Mailing to those with LTD but no Office Overhead	
	Mailed to	2,333
	Requests for applications	172

7.4%

Completed applications returned	<u>10</u>
---------------------------------	-----------

Further selective mailings are planned for 1985 to increase awareness and coverage levels.

We feel that all sponsore can be proud of the quality of promotion that is done on their behalf by CDSPL.

Items for Information - Not Requiring Board Action

II. Benefit Committee Chairmen

A letter sent to all provinces concerning the Benefit Committee Chairmen's meetings is attached. The accompanying Report outlines the study and review done by us on this subject. **APPENDIX K**

We are not trying to dismantle the Benefit Committee Chairman, only create a more efficient communication system between the CDIP and the provinces by assigning the task to the Director of CDSPI who is appointed by the province.

RESOLVED:

85.24 **THAT the Corporate Bodies instruct the CDA to hold a meeting of all active participants in the CDSPI insurance program to review the directorship of the Board of CDSPL.**

ADOPTED

COUNCIL ON INSURANCE & INVESTMENT

Benefit Committee Chairmen (cont'd)

NOTE: It is the intent of this resolution to provide CDA with direction to inform CDSPI that a meeting of voting (active) members should be convened to review the structure of the Board of Directors of CDSPI. It was also suggested that the problem of communication to its members i.e. Benefit Committee be resolved at that time.

Respectfully submitted

Dr. J.E. Durran, Chairman
Council on Insurance and
Investment

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Insurance and Investment with appreciation.

NOTE: For motions passed by Executive Council relative to the Council on Insurance and Investment refer to Appendix 0 - Executive Council Report.

NO COST GRADUATE INSURANCE - 1984

Enrollment to-Date Compared to Previous Years

<u>University</u>	<u>1981 %</u>	<u>1982 %</u>	<u>1983 %</u>	1984		
				<u>Eligible</u>	<u>Enrolled</u>	<u>%</u>
U. of B.C.	92	100	83.3	28	28	100
U. of A.	95	100	100	42	42	100
U. of S.	94	100	100	22	22	100
U. of Man.	95	100	94.4	21	21	100
Western	63	80	94.2	54	53	98.0
U. of T.	86	83.5	83.5	103	87	84.0
McGill	84	100	72.9	36	31	86.1
U. of Mtl.	78	94.4	89.6	65	64	98.0
Laval	87	87	100	24	24	100
Dalhousie	<u>85</u>	<u>95.5</u>	<u>100</u>	<u>18</u>	<u>17</u>	<u>94.4</u>
	84	91.2	89.6	413	389	94.0

PSO/dcd

1984 12 31

Letter to all Executive Directors

Dear

Subject: Benefit Committee Chairmen's Meetings

As you are aware, CDSPI established the Benefit Committee Chairmen's meeting as a communication vehicle between the Canadian Dentists' Insurance Program (CDIP) and the corporate members.

In June of 1979, the first meeting of the Provincial Benefit Committee Chairmen and CDSPI was held in Toronto. At that time, CDSPI viewed the Provincial Benefit Committee Chairmen as a strong group involved in a two-way exchange of information and active participation relating to the CDIP.

Since 1979, meetings were held in 1980, 1982, and 1983. During that period of time, CDSPI provided a system of information bulletins for each Chairman and a resource material handbook in order to keep the "grass roots" representative as up-to-date as possible on the ever changing status and growth of the CDIP.

As the CDIP changed, however, so did some of the Chairmen, which resulted in various levels of expertise and interest across the country.

Earlier this year, a questionnaire was sent to all Benefit Committee Chairmen to further evaluate the current process. The responses, along with an update report, were discussed at the CDSPI Board of Directors' Meeting on Friday, December 7, 1984.

It was evident in reviewing this most recent report that the current situation sees varying levels of participation, knowledge, and attitudes from province to province towards the position of Benefit Committee Chairmen.

The Board of Directors of CDSPI, recognizing the inadequacy of the Benefit Committee Chairmen's meetings, decided to discontinue these meetings and to establish an alternative program. The details of the review and the Directors' recommendations are included in the attached report. Attachments referred to therein are not included.

The CDSPI Directors approved this report on December 7, 1984. This new concept of communication directly through your Director on the CDSPI Board will take effect January 1, 1985. The substance of this report will be presented to the CDA Board of Governors at the interim meeting in March of 1985.

We feel that the interests of the participants and the CDIP will be well served by this improved line of communication involving the CDIP Co-Sponsors.

Yours truly

Dr. John E. Durran
President

cc CDSPI Director

October 1984

Insurance &
Investment

In July of 1983, a report was prepared suggesting a critical look be given to the Provincial Benefit Committee Chairmen and whether or not they could meet our expectations as front-line people for the communication of information to the grass roots of the dental profession (copy attached).

The report contained six recommendations aimed at increasing the activity level of the Provincial Benefit Committee Chairmen with regards to the CDIP. One recommendation called for a meeting of the Provincial Benefit Committee Chairmen to be held in Ottawa on September 22, 1984. In preparation for this meeting, several announcements were mailed, including a questionnaire which needed to be completed and returned to CDSPI before August 10, 1984. A second questionnaire was sent out in July seeking information about Loss Prevention and the work of the Provincial Mediation Committee. Copies of the replies we received are included with this report in order that you may review the responses.

In early September, a decision was reached to postpone the Provincial Benefit Committee Chairmen Meeting and to refer the question of the need for such a committee to the Board of Directors for review on September 23, 1984. As a result of discussions at the Board Meeting, a complete review of the situation has been conducted.

Going back to basics, four questions came up:

1. What is the purpose of the Provincial Benefit Committee Chairmen?
2. Who are they?
3. Do we need them?
4. What do we want them to do?

It is obvious that, in order to answer these questions, a job description is needed and the tasks to be performed can be summarized as follows:

1. The individual must provide a strong presence for CDSPI at the Provincial level.
2. The individual must be in a position to know what is happening in his Province in order to communicate back to CDSPI information from the local scene.
3. The individual must be in a position to know what is happening at CDSPI in order to properly and accurately communicate back to the Province (co-sponsor).
4. The individual must be informed of the service function of CDSPI so he can call on us for information as well as advise members of his Provincial Association.
5. The individual must be in a position of influence with his confreres and also have their respect for his overall knowledge of the CDIP and CDSPI.
6. The individual must be in a position to assist CDSPI in arranging for lecture time at the dental school(s) in his Province.

Looking at the job description, it is obvious that the best people to fit the job are the Directors of CDSPI. The Provincial Association appoints a Director to CDSPI to act for, and look after, the interests of members of the Provincial Associations. The Director is the one person with the most knowledge about the CDIP and CDSPI and he is usually there for a long period of time and has influence. There is continuity, knowledge and first-hand representation. The candidate to fill the position is the corporate director.

The best overlay of the person for the job takes place when we look at our Directors as the best people to fill the role we've been discussing.

A review of the current situation sees varying levels of participation, knowledge and attitudes towards this position from province to province.

In some provinces, there is an appointment to the position only because it is there. In some cases, it is annual and the individual has no instructions, assistance, or purpose attached to the appointment.

In other provinces (very few however), the Benefit Committee Chairman is very knowledgeable, active and responsive - the main reason being the Director is the Benefit Committee Chairman, or has been actively involved with the Chairman in his province - a supporting factor towards our recommendation.

A review of the attached responses to our questionnaire also gives support to the recommendation to eliminate the current concept. Some provinces did not respond. Some responded, but with an obvious lack of interest, knowledge, or lack of support for CDIP or CDSPI. Some responded well after the deadline.

The responses indicated to us the varying levels of expertise in different provinces as well as the varying levels of interest, support or desire in many provinces. The activity of a Benefit Committee Chairman and his role and responsibility has changed, as has CDSPI.

There have been tremendous changes in the promotion and communication of the CDIP since 1979 when the Provincial Benefit Committee Chairmen concept was first introduced. In-house administration, selective mailings, the Service Representatives, advertising in dental journals, etc., have changed the promotion and communication functions. Therefore, the need for another committee (Provincial Benefit Committee Chairmen) seems to be redundant. The "Committee" is already in place through the Board appointment.

Cost versus effect must also be considered. These funds can well be spent in other areas to benefit the participant rather than spent to perpetuate what exists because it exists, not because it works or is needed.

Therefore, the recommendation put forth is that:

We consider each Director of CDSPI to be our front line contact to dentists and the Co-sponsor in their respective provinces.

We intend that -

The Director would approach the Provincial Insurance Committee and enlist their cooperation in any communication project the Director or CDSPI wants to consider in that province.

The Director may also request CDSPI to assist a Provincial Insurance Committee on any project related to the CDIP or any insurance program being examined by the province.

A Director may request CDSPI to assist a participant with regards to a claim or service problem.

With the Director taking full responsibility, he is the most suitable person to report to the Corporate body. He is also in the best position to determine what is happening in his province as far as insurance is concerned, and report back to CDSPI.

This concept will improve the liaison between CDSPI and the Provinces because the Benefit Committees (Provincial Insurance Committees) will be linked to CDSPI through the CDSPI Directors.

COUNCIL ON STUDENT AFFAIRS

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REPORT TO THE 1985 INTERIM CDA BOARD OF GOVERNORS MEETING

Members: Mr. Dan Beck, Chairman, University of Saskatchewan
Dr. Tim Barker, Vancouver, B.C.
Mr. Alan Brower, University of Alberta
Dr. Ed Busvek, St. Thomas, Ont.
Miss Marie-Renée Godbout, Université de Montréal
Mr. Greg Jansen, University of Saskatchewan
Miss Liliane LeSaux, University of Western Ontario
Mr. Greg Lovely, Dalhousie University
Mr. Vincent McMaster, Dalhousie University
Mr. Stephen Murray, University of Toronto
Mr. Dan Price, University of Manitoba
Mr. Sam Sgro, McGill University
Miss Joyce Watt, Université Laval
Mr. Chris Wyatt, University of British Columbia

Executive Liaison: Dr. D.L. Thompson, Calgary, Alta.

1. Council Meetings

Council has met once since the last Board meeting, on September 29, 1984, immediately following the 1984 Canadian Dental Students' Conference.

Items Requiring Board Action

2. Backpayment of Membership Dues

Council has suggested that the present policy on backpayment of membership dues be amended to include a fine, consisting of double the fee for each year missed. This fine would apply only to actual years missed, not the year that membership has commenced or resumed.

It was further suggested that in special circumstances, and for compassionate reasons, backpayment may be requested, without penalty, via a letter to the CDA Executive Council.

RESOLVED:

- 85.25 Whereas the Council on Student Affairs recognizes its duty to promote membership in the CDA, and that the CSA acknowledges the necessity of discouraging the potential abuse of the privilege to be reinstated as CDA student members in good standing,

COUNCIL ON STUDENT AFFAIRS

-2

Items For Information - Requiring Board Action (cont'd.)

RESOLVED:

- 85.25 Be it resolved that such individuals be allowed to be reinstated by submitting a letter to Executive Council and paying a fee of twice the annual fee for each year that the student has not joined with no penalty fee for the year he/she has decided to join.

ADOPTED

Items for Information-Not Requiring Board Action

3. NDEB

Further to discussion at CDSC'84 on the NDEB certificate, Council has requested clarification from the NDEB on which foreign countries presently recognize the NDEB certificate.

4. Prelicensure Period

Council is anxious to be involved in the investigation of this concept and is appreciative of the invitation to attend the proposed workshop to be conducted by the Council on Education.

5. Student Membership - Percentage to Date

Council is pleased to report that membership figures have remained high and consistent with previous years. With an update of Ontario student members pending, membership for 1984-85 is 94%.

6. Dental Awareness

Council is enthusiastic about the dental awareness program to be introduced by the CDA. Members have recorded their support of this project and would welcome suggestions on how dental students can become involved.

7. Practice Management Manual - French Translation Update

Council was pleased to learn that the French translation of the PM Manual is nearing completion and that distribution of this version will commence early in 1985.

COUNCIL ON STUDENT AFFAIRS

Practice Management Manual-French Translation Update (cont'd.)

It was also noted that at the time of printing the French language manual, more English language copies will be produced.

To date, all 1984, 1985 and 1986 dental grads have received the manual.

8. Student Clinician Program

The CDA/Dentsply Student Clinician Program is reintroducing a national competition. The guidelines for the new format have been forwarded to the dental schools, and there appears to be no concerns with regard to this change.

9. CDSC'85

The annual Students' Conference is normally held in close proximity to the national convention. Therefore, Council has proposed the 1985 conference be held in Toronto, with the University of Toronto acting as host. Dr. Ten Cate will be approached by the CDA Student Representative to discuss this possibility.

10. Appreciation to Colgate-Palmolive Canada

Council is most appreciative to Colgate Palmolive for its sponsorship of the Students' Conference for the past sixteen years. Members therefore agreed that this appreciation be expressed formally to Colgate-Palmolive by the Chairman, and also by individual members.

11. Dento-Forum Update

This publication continues to be published twice yearly, after each Council meeting, and is well received by dental students.

12. CSA Election Results & Representation to Other Meetings

At the last meeting of Council, election to the positions of Governor-Elect and Chairman-Elect occurred. Mr. Sam Sgro, McGill University and Miss Liliane LeSaux, University of Western Ontario, now hold these positions, respectively.

COUNCIL ON STUDENT AFFAIRS

Items for Information - Not Requiring Board Action (cont'd.)

Representatives chosen to attend meetings are as follows:

Dr. E. Busvek - National Dental Examining Board of Canada
Dr. E. Busvek - American Student Dental Association
Mr. Dan Beck - Council on Education
Mr. Dan Beck - CDSPI Benefits Chairmen
Mr. Dan Beck, Mr. Greg Lovely & Mr. Sam Sgro - CDA Board of Governors
Dr. E. Busvek - CDA Teaching Conference on Dental Biomaterials

Summary

On behalf of the Council on Student Affairs, I would like to express appreciation for the guidance and friendship of our Executive Council Liaison, Dr. D.L. Thompson, who has now ended his term on Council.

I would also like to express the appreciation of not only the Council on Student Affairs, but of all dental students, to the Canadian Dental Association, for its ongoing support and interest in us, and the opportunities afforded us to participate in national dentistry.

Respectfully submitted,

Dan Beck, Chairman
Council on Student Affairs.

ADOPTION OF REPORT

The Board of Governors accepts the report of Council on Student Affairs with appreciation.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

We welcome this opportunity to bring to the attention of the Board of Governors some of the actions of the Association of Canadian Faculties of Dentistry/L'Association des Facultés dentaires du Canada since our last report.

A) Future Meetings

Following the precedent established in 1983, when we scheduled our Annual Meeting to coincide with the meeting of the American Association of Dental Schools/International Association of Dental Research, our 1985 meeting will take place in Las Vegas, U.S.A.. The AADS/IADR meeting will take place from March 17th - 24th, 1985. The ACFD/AFDC House of Delegates meeting, at which we hope to have representatives from the CDA, NDEB, Student Governor, National Health and Welfare and others, will be held on Friday, March 22nd in the MGM Grand Hotel in Las Vegas.

The Biennial Research and Education Conference will be hosted by the Faculty of Dentistry, University of Toronto, June, 1986. Further information will be available for our report to your September Board meeting.

B) CDA Teaching Conference

Owing to an unanticipated change in locale for Dr. Blahut, who had been scheduled to Chair this 1985 meeting on the subject "Dentistry and the Allied Health Professions" we have had to recommend to the Council on Education that a new topic be selected. Hopefully, this will meet with approval.

C) Working Group on Oral Research

We are pleased to receive confirmation from the Minister, National Health and Welfare, that approval had been given for partial funding for this group, under the leadership of Dr. J.B. McDonald, to commence work on this project.

D) Summer Teaching Institute

Our Education Committee, under the able chairmanship of Dr. John Eisner, has made arrangements for the first session of this program to be held at the University of British Columbia during the last two weeks in June, 1985. We expect to have 20 relatively new academics attend, for what we are certain will be a most beneficial program, under the direction of Dr. F. Squires, University of Western Ontario. Once again, we are most appreciative of the support from the Canadian Fund for Dental Education, which has made this Teaching Institute possible.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

E) Manpower

We look forward to having the opportunity to participate in this workshop, tentatively planned by the CDA for the fall of 1985. The American Deans meeting, held in November, 1984, and attended by a number of Canadian Deans, focused on this subject. Many interesting facts and statistics were presented, a number of which would be most relevant in our discussions of this important issue.

Respectfully submitted

Arthur Schwartz, President
Association of Canadian Faculties
of Dentistry

ADOPTION OF REPORT

The Report of the Association of Canadian Faculties of Dentistry received as information by the Board of Governors, with thanks.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO 1985 INTERIM CDA BOARD OF GOVERNORS

1. It is once again my pleasure to report to you on the activities of the Canadian Fund for Dental Education.
2. At the time of writing, our records for 1984 have not been closed off and we may still receive gifts earmarked for last year. While, therefore, slight changes may still occur, I am pleased to provide you with the following results for 1984:

1984 INCOME

3. Total income from all sources for 1984 is now estimated at \$281,600 or close to 9% more than in 1983.
4. You will recall that last year I expressed the hope that in 1984 dentists across the country would again lead the way in supporting CFDE. It is with pride and gratitude that I report to you that this goal has been realized. For the first time since 1978 personal gifts from dentists to our general fund surpassed all other sources of income reaching a record high of \$91,500 in 1984. This represents an increase of 14.6% over the previous year.
5. Other areas of income that recorded substantial increases were gifts from dental organizations of over \$26,000 as compared with \$13,350 in 1983 and contributions to our Living Memorial Fund which more than doubled in 1984 reaching a total of \$19,500. The major reason for the increase in donations to the Living Memorial Fund is, of course, the many gifts received in honour of Murray McDonald which amounted to \$6,000.
6. Investment income for the year is estimated at over \$58,000, up by \$3,000 from 1983, and sundry income of \$6,400 also shows an increase of close to \$1,500 over the previous year.
7. The only area that recorded a substantial decrease in 1984 is support from business and industry which dropped to \$77,400 from \$86,500 in 1983. The reasons for this loss of income are a non-recurring gift of \$5,000 in 1983 and a reduction in support from two major contributors because of organizational changes and because the company's gift is tied to the actual cost of one of the Fund's programs respectively.

1984 DISBURSEMENTS/GRANTS

8. As reported to you last year, a total of \$184,000 in grants had been approved by the Fund's Trustees in 1984 for a variety of programs. Due to the withdrawal of three fellowship applications totalling over \$13,000 and the reduction in expenses for one of the programs, actual grants paid in 1984 reached a total of \$166,139. This represents an increase of \$27,500, or 20%, in the Fund's investment in dental education and research over the previous year.

CANADIAN FUND FOR DENTAL EDUCATION

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9. Operating expenses for 1984 are approximately \$96,000, up only slightly, by 2.4%, over 1983.
10. Grants for 1984, as indicated above, totalled \$166,139 and expenses in connection with them are \$19,200.
11. Management and fund raising costs for 1984 as a percentage of total income are estimated at 27.3%, a reduction of 1.6% from the 1983 figure of 28.9%

MANAGEMENT COMMITTEE MEETING

12. Since reporting to you last September, a CFDE Management Committee meeting was held on December 1, 1984.
13. Major items on the agenda were the distribution of the 1984 income from the Lorne E. MacLachlan Endowment Fund to the four benefiting schools, an assessment of the results achieved with the telemarketing program conducted in Toronto, several grant requests and the possible establishment of a special award honouring Murray McDonald.

APPRECIATION

14. My fellow Trustees join me in expressing sincere appreciation to all our friends whose generosity made the Fund's progress possible in 1984.
15. In particular I would like to acknowledge the find co-operation and assistance CFDE received from CDA and the Provincial Dental Associations.
16. To you, as Governors of the National Association, I wish to extend our special thanks for increasing your support of the Fund's programs to \$2,000 last year and to express the hope that in 1985 we can count on a further substantial increase in your contribution for the benefit of our profession and the people it serves.

Respectfully submitted

David K. Peters, D.D.S.
Chairman
CFDE Board of Trustees

ADOPTION OF REPORT

The report of the Canadian Fund for Dental Education received as information by the Board of Governors, with thanks.

NATIONAL DENTAL EXAMINING BOARD

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

1. Examinations

(a) Written
Proposal for Continuing Education Program

APPENDIX L

The Board agreed to support the principle of the self-assessment program and, in conjunction with the Licensing Authorities, the CDA and the ACFD, to explore the development of such a voluntary and confidential program.

(b) Preclinical and Clinical

The Board decided to hold a seminar/workshop to review its examination process in more depth than is done on an annual basis. This seminar will be held on May 6 & 7, 1985, in Ottawa.

(c) Legal

The Board's legal counsel, in addressing the Board, stated that an increase in litigation could be expected in the future. More people are aware of their "rights" which are loosely defined in the Charter, therefore making it very difficult for appeals to be processed.

The Board still has two active cases with the Human Rights Commission of Ontario and the Board's position is that the cases are filed under the wrong jurisdiction. The Board, as a federal agency, should be challenged at the federal level only.

The decision of the Human Rights Commission of Ontario is expected at the end of December 1984. Should the decision be such that it would require the Board to defend itself at the provincial level, legal advice is to challenge this decision in a court of appeal. The Board considers that the Human Rights cases are precedent-setting in the same manner as the Footman case was in the Federal Court of Appeal in 1983.

2. Request from CDHA

The Board had received a request from CDHA to explore the possibility of establishing a national certifying examination for dental hygienists. Since the Board has no jurisdiction in the area of hygienists and since the legal and financial implications of any action would be complicated and considerable, the Board, although sympathetic, decided that it was unable to pursue the matter at this time.

The Board encouraged the CDHA to work with the CDA Council on Education and Accreditation in order to develop a competency profile of a dental hygienist for the purpose of portability.

NATIONAL DENTAL EXAMINING BOARD

3. CDA Council on Education and Accreditation

(a) Sub-Committee on Pre-Licensure

The Board voted to contribute \$5,000 to the proposed conference on pre-licensure, however, the Board did not wish this contribution to be interpreted as an endorsement of the concept of pre-licensure at this time.

(b) NDEB Accreditation Committee

The two issues pertaining to survey reports still of concern to the Board and not dealt with by the CDA Council on Education and Accreditation, were deemed to be the following:

- i) That members of the survey team have an opportunity to see the final report prior to its submission to Council;
- ii) that the chairman of the survey team present the report to the appropriate committee of Council.

It was stated by the Chairman of Council that the reason for this was budgetary constraints.

(b) Director of Accreditation

The Board had invited the CDA Director of Accreditation to address the annual meeting. This address was well received, particularly in regard to the following:

- i) the accreditation process being a partnership between the ACFD, CDA and NDEB;
- ii) NDEB Accreditation study, completed the previous year, having considerable value and impact in improving the process;
- iii) pilot project on a forthcoming undergraduate dental survey: evaluating the clinical performance of students in an attempt to establish a dimension of competence; this as a result of a NDEB initiative;
- iv) the NDEB's significant contribution to the costs of accreditation.

4. NDEB/RCDC

The Board received a report from the President of the RCDC.

NATIONAL DENTAL EXAMINING BOARD

5. Students

The observer from the CDA Council on Student Affairs presented a report and stressed the excellent relationship that exists between the two organizations.

6. Officers of the Board for 1985

President	Dr. R. B. Gilliland
Vice-President	Dr. H. M. Dick
Past-President	Dr. W.J. O'Driscoll
Registrar	Dr. G. Kravis
Executive Secretary /Treasurer	Mrs. F. Dawes

7. Certificate of Merit

The President presented a certificate of merit to Dr. K.C. Bentley who was attending his last annual meeting.

8. Future Meeting Dates - 1985

Annual meeting	November 18 & 19
Executive Committee	April 15 & 16 November 17

Respectfully submitted,

Dr. R. B. Gilliland
President, NDEB

ADOPTION OF REPORT

The report of National Dental Examining Board was received as information by the Board of Governors and it was noted that the appended document "Proposal for a Continuing Education Program" is to be presented to Council on Education and Accreditation for comment and recommendation.

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

100 BRONSON AVENUE, OTTAWA CANADA K1R 6G8 (613) 236-5912

APPENDIX L

PROPOSAL FOR A CONTINUING EDUCATION PROGRAM

NOVEMBER 1984

THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
LE BUREAU NATIONAL D'EXAMEN DENTAIRE DU CANADA

100 BRONSON AVENUE, OTTAWA CANADA K1R 6G8 (613) 236-5912

PROPOSAL FOR A CONTINUING EDUCATION PROGRAM

I. DEFINITION OF PROGRAM

A national program for the maintenance of competency standards in dental practice; the program format to be through self-assessment; the program to be voluntary and confidential.

II. INTRODUCTION

Professionals in the various self-governing disciplines are aware of the expressed but uninformed public and governmental concern with the process of automatic licensing of a professional by payment of a set fee on a yearly basis, with minimal or no requirement to formally demonstrate maintenance of satisfactory standards of practice, at specified time intervals during the professional's career.

A partial response to this concern, during the past decade in particular, has been a rapid escalation in the voluntary and mandatory participation by professionals in an increasing variety and volume of continuing education (C.E.) programs provided by many sources. Commercial development of video tape and lecture/seminar programs, etc., have been in evidence for several years, along with the additional C.E. programs offered by dental school faculty, sponsored by dental societies, provincial licensing authorities and professional associations. These have intensified and become better organized with time.

Not included in the foregoing are the many hours of C.E. that individual professionals spend on their own initiative scanning and selecting articles of interest to read from professional journals and periodic literature. There is a common behavior that permeates these activities and it is simply: the professional's intent and responsibility to regularly update his knowledge, and to be informed and conversant with the changes related to dental practice, techniques and patient treatment over a lifetime.

Parallel concerns for maintaining standards and ethical practice have been expressed in medicine, law and accounting; also partly in response to questioning by the public and government agencies. Maintaining standards has always been the perceived obligation of professionals.

When one questions the effectiveness of the various approaches to C.E., or makes an attempt to relate the visible aspects of C.E. and attendance at courses, etc., with the competence of practitioners in daily practice, no satisfactory measure for effectiveness exists. Professionals are often requested to evaluate C.E. courses presented by responding to questionnaires which attempt to measure effectiveness of clinicians, material presented and where appropriate, excellence of visual aids, quality of clinical demonstrations, etc. By this approach, a rating of some clinicians and available courses emerges, but there is no overall evaluation and rating of what is presented or a central reference resource to select from.

Continuing education course content has generally been a hit and miss affair - and one can't be sure of just what will be presented and the benefit to be derived. Some attempt by institutions and individuals offering C.E. courses to identify levels and who the courses are designed for, or in what sequence they should be taken, is welcomed by discriminating professionals. Unless careful

surveys are carried out to determine what a geographic population of dentists think they need and/or want in C.E. and the type of presentation preferred, there is no way to determine collectively or individually what update, retraining or refresher material should be developed/presented. Some sophistication is emerging to better determine needs, however, there is still a great need in this area.

III. SELF- ASSESSMENT/EVALUATION CONCEPT AS PART OF THE CONTINUING EDUCATION PROCESS

In recent years, the need for developing, as part of continuing education activity, measurable self-assessment methods to determine an individual's strengths and shortcomings has emerged. Self-evaluation, as part of the teaching/learning/feedback/education process to promote self-reliance and motivation, is being used to advantage with dental undergraduates, as well as in other vocational training and professional educational programs. It would seem only natural then for a self-assessment interest to occur at the professional level.

IV. GUIDING PRINCIPLES FOR SELF-ASSESSMENT PHILOSOPHY

1. The process should be VOLUNTARY and CONFIDENTIAL.
2. The process should be constructive and positive as opposed to threatening and negative.
3. The process should not generate pass or fail decisions.
4. The process must be relevant to the daily aspects of general practice.
5. The process should help identify areas of knowledge and practice needing improvement and provide or facilitate an opportunity to assess one's self after appropriate educational experience has been undertaken.
6. The fundamental principle of the process should be a continuing maintenance of standards.

V. BASIC OBJECTIVES

1. To provide a mechanism which encourages, stimulates, and assists general practitioners in ensuring the maintenance of a standard of care and professional performance.
2. To provide objective assessment relevant to clinical practice, with components of need highlighted and a mechanism to improve identified deficits.
3. To provide feedback on the effectiveness of the learning behavior through the means of a comprehensive self-assessment program.

VI. NDEB ROLE

The NDEB concerns itself with maintaining national standards for the profession. It therefore seems logical that the concept of self-assessment, as a measurable aspect of continuing education, is an avenue that the NDEB should pursue.

For the last two years, with the support and encouragement of the licensing body representatives on the Board, the Written Examination Committee (WEC) has pursued the expertise available in this area. The Committee has explored the feasibility of developing an acceptable pilot project for self-assessment purposes, which could be of benefit to the dental profession in Canada. Such an initiative would clearly demonstrate the commitment by the profession to maintain standards of dental practice. It would be seen as a veritable component in the continuing education process, and the inclusion of research development and current knowledge into daily practice.

VII. HISTORICAL BACKGROUND

THE CONFERENCE ON CONTINUING DENTAL EDUCATION - 1972

Sponsored by the Canadian Dental Association, Council on Education

1. Description

A national forum on

- a) the role of dental associations, faculties, licensing authorities and governments in the organization, administration and responsibility for continuing dental education in Canada, and
- b) methods and approaches to continuing education for the general practitioner, the specialist and the dental teacher.

2. Objective

The delineation of responsibilities among existing organizations and determination of effective co-operative methods for ensuring that education in dentistry is a continuing process and that the public is served in the most effective manner.

As an aid to the Board's reflection on further development of a continuing education/self-assessment capacity as a step towards maintenance of standards by the dental profession, the following excerpts are quoted:

«Canadian society has a right to demand from its dental profession the best of dental treatment, and the community need requires that all practitioners should constantly be revising and bringing up to date the various forms of treatment undertaken. Dentistry is a committed branch of

the Healing Arts and cannot be separated from other health sciences. The practice of dentistry makes a substantial contribution to the general health of the nation and it can in no way be considered other than as a human biological science. Recognition of this fact exposes the major need to organize and broaden continuing education for the dentist since there can be no area which has expanded more rapidly since the war than the biological sciences. The presentation of new knowledge for dissemination and application to the profession should be the goal for continuing education.

But who is to be responsible for this in Canada? Health and education are the prerogatives of the provincial governments. Universities are having financial difficulties in meeting the requirements of undergraduate education and are under attack from society for lavish spending. Yet, at the same time, society is demanding more and better health care. Should a national policy be determined to organize continuing education for dentistry?»

(Dr. G.S. Beagrie, 1972 conference on C.E. - p. 7)

«With a certain amount of literary license, the concluding portion of this presentation moves from the Current Position entirely and professes to speak of happier days ahead. One may, with some justification, liken the present and perhaps the future Continuing Education system to the Marketplace, and hence the terminology of the Marketplace may well be employed. In this analogy, the program itself is labelled the 'Product', the Faculty is called the 'Designer-Manufacturer-Vendor', (D.M.V.), while the Practitioner is undoubtedly regarded as 'The Consumer'. Tomorrow's needs will best be served if this structure operates more as a co-operative venture in the Marketplace, with constant communication

and consultation taking place between the D.M.V. and the Consumer not only on the design of the Product but more importantly, on its aims and purposes as well as on its efficacy once it has been put in the stalls. In order to accomplish this, the D.M.V. must be prepared to devote far more time and effort than at present to joint research on the goals, the needs, the quality and the validity of the Product.

At the beginning of this envisaged new era and for some time thereafter, there should be as deep concentration on these matters as there is on the manufacture, the sale and the delivery of well presented produce. And the work should be done by those who are familiar with and adept at setting goals, establishing priorities, designing programs, conducting evaluations and selecting good teachers. It should be observed somewhat parenthetically that teaching success at the undergraduate level is not indisputably transferred to the field of Continuing Education.»

(Dr. J.W. Neilson, 1972 conference on C.E. - p. 28)

Comment: The NDEB would seem to be the logical national organization to further develop their established capacity for 'examining professionals to determine if they meet Canadian dental practice standards'; and to use this expertise to produce a 'voluntary and confidential self-assessment capability' for use on a continuing basis by Canadian dentists.

«Should upgrading or retraining programs for Canadian dentists become necessary, the association would have the responsibility of making governments aware of the extent of the problem and of seeking their assistance, financial and otherwise to develop practical solutions.

Similarly, the association has a responsibility to inform governments concerning immigrant dentists who want to upgrade

themselves in an effort to acquire a Canadian licence. The CDA has, as mentioned earlier, already started to work with this problem by gathering statistics and proposing the establishment of a National College of Dentistry specifically organized to supply custom designed educational courses according to the needs of the individual dentist.»

(Dr. W.G. McIntosh, 1972 conference on C.E. - p. 21)

Comment: Today, as in 1972, a National College just isn't a 'feasible entity'. Circumstances have changed, and the focus is clearly on 'maintaining standards' by a Canadian dental profession that can meet present and future manpower needs as well as educational resources across the country, and to meet both the demands and perceived needs of the Canadian population. The present methods for examining foreign dentists who wish to practice in Canada would seem appropriate under the circumstances.

«I suggest in a final, potentially provocative inclusion that if the delivery of dental services is radically changed, the delivery of Continuing Education must certainly change as well. Despite its belated and brief appearance in the manuscript, one would be foolishly naive to relegate this statement to the category of an extraneous afterthought for it is not so intended.» (Dr. J.W. Neilson, 1972 conference on C.E. - p. 29)

«The planning of courses must not rest in the future with one man in isolation, but through the team approach from within the faculties, within the associations, the licensing bodies and the public, at both provincial and national levels.

The government's role seems to be twofold: direct and indirect. The direct approach to government should be conducted by a co-ordinated national-provincial association in an effort to convince governments and universities that

continuing education must be included in the formula of educational support. This co-ordinated body must present well-documented, researched facts in its presentation. In indirect terms, government must be convinced of the need for financial incentives through tax relief to participants of continuing education courses so that interest and participation by the profession will occur.

Considering further future changes, there was a feeling that a change in the form of continuing education was already occurring and would likely accelerate. It would seem that there is a shift in emphasis from the technical to the basic and behavioral sciences, and that there is a recognition of need in these areas for the purpose of better communication with the dentist's other health science colleagues. In the matter of delivery of courses, there was a plea for an interprofessional approach. Special centres for this purpose must be set up within the universities. Dr. Murphy, one of our medical colleagues, made an effort to stress this aspect so that attitudes could be modified and planning for patient care in a full sense could be achieved. Deans Lussier and Neilson both recognized shift in emphasis to the community setting, thereby giving force to the establishment of the interprofessional attitudes in continuing education.

This morning it was argued by Dr. Eastwood that inter and intra professional education must occur at the undergraduate level to be successful. Team teaching and team learning is also necessary to achieve our goal of improving the dental health care of the public. It has been noted this afternoon that our medical colleagues recently brought forward specific recommendations for continuing medical education in Canada and it is hoped that as a result of this Conference somewhat similar recommendations can be formulated for dentistry in the future. Still dealing with the future, as a follow-up

to this Conference it is suggested that the Canadian Dental Association Council on Education set up a task force with broad representation, including provincial associations and licensing bodies, to examine fully the whole question of continuing dental education. Mr. Chairman, I began with a quotation and I'd like to finish with another one: «What we hope ever to do with ease, we must learn first to do with diligence.» (Dr. G.S. Beagrie, 1972 conference on C.E. - p. 131)

Comment: The outline for development was presented well at this CDA sponsored conference on Continuing Dental Education. Much progress has been made at the provincial level but a national focus has not evolved. As predicted continuing education has intensified and the concepts of 'Quality Assurance and/or maintenance of Standards' has been introduced in various ways across the country.

VIII. A NATIONAL GENERAL PRACTICE PROFILE

In order to establish a practice profile of a dentist practising general dentistry in Canada in the mid 1980's, the Board must explore every avenue. This will be by no means a simple or easy task.

An identifiable National Standard will emerge from this task and once such a National Standard has been defined and set, the Board could assume the responsibility for its continued maintenance and update.

Knowledge, skills and attitudes cannot be viewed as static. Monitoring is required on an individual basis to maintain a standard. This is a role that self-assessment can provide in the overall continuing education process.

IX. THE PROCESS

1. Pre-Test

- a) The pre-test will consist of a series of patient-oriented, multiple choice, problem solving type questions. The majority of these questions will deal with basic knowledge and skills general practitioners possess, however a number of questions will deal with new or updated knowledge.
- b) The pre-test will be scored CONFIDENTIALLY and returned to the individual practitioner.
- c) Feedback from the pre-test will constitute the Continuing Dental Education Component, and will include the question, the correct response, the educational relevance to the response and reference to the literature source. Where the practitioner has given a less than desirable or incorrect response, related bibliography and references to learning material will be included to cover these areas. Eventually, it may be possible to list information with regard to courses and/or audio-visual materials.

2. The Post-Test

- a) The post-test will provide a reassessment of the weak areas identified in the pre-test, allowing the practitioner an opportunity to evaluate whether the continuing education strategies pursued were effective. Some of the questions from the pre-test may be repeated along with new questions exploring similar content.
- b) The results of the post-test would again be scored CONFIDENTIALLY and returned to the individual practitioner.

3. Time Frame

It is anticipated the overall program will take approximately one year.

4. Frequency

The review process would be of a recurrent nature and likely would be utilized once in every five year period.

5. Utilization

Without jeopardizing the confidentiality of the program, licensing authorities could be advised of the names of participating individuals. This would enable the allocation of a significant weight to the number of continuing education credits to be awarded for a measurable VOLUNTARY aspect of an overall continuing education program during a specified time period; that addresses upgrading and maintenance of standards.

X. SUMMARY

The focus is on responsibility! Clearly, the individual practitioner has a responsibility to patients under his care and to continuously monitor his ability and seek to improve areas of potential weakness, thus maintaining an overall standard of competence.

On the other hand, national bodies such as the NDEB and the CDA have responsibility to define an acceptable standard of competence through a regularly updated 'practice profile', and assure society that this is indeed being maintained.

Hence the maintenance of this standard is a shared responsibility between the NDEB, the CDA and the dental practitioners participating in the program. If a stronger term is preferred, it is a 'Contract' where the NDEB and the CDA ensure that a process is available to assess and maintain standards; and the practitioners participating in the process have a contractual obligation to measure their own standards on a continuing, voluntary basis.

A final quote from the 1972 CDA sponsored conference on Continuing Dental Education seems most appropriate:

«If continuing education programs are compulsory, the responsibility of the dental association increases significantly. Assuming that the provincial licensing boards would, collectively or individually, set the standards for their continuing education requirements, the association should, in close liaison with the licensing boards and dental schools, design and organize total programs so that the educational content and the various teaching methods such as the Journal, convention, cassette programs, film and slide library, etc., all complement one another, and provide the dentists with a number of avenues through which he can keep himself up to date with the scientific and technical advances of his profession.»
(Dr. W.G. McIntosh, 1972 Conference on C.E. - p: 21).

Resources

CDA Conference on Continuing Education, 1972.

'Maintenance of Certification Program',
The College of Family Physicians of Canada

ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE 1985 INTERIM MEETING CDA BOARD OF GOVERNORS

The following are the results of the College's Membership Examinations in June and Fellowship examinations in December:

	<u>Fellowship</u>	<u>Membership</u>
Dental Public Health	-	1
Endodontics	2	6
Oral and Max. Surgery	2	5
Oral Pathology	2	3
Orthodontics	1	6
Paedodontics	-	3
Periodontics	-	7
	-	-
	7	31

Two Oral Pathologists took both examinations this year, and one francophone candidate in Oral and Maxillofacial Surgery will take the Fellowship Examination in French in Montreal on January 26th.

The total addition to the College's roll (349) Fellows and 225 Members (at the time of writing) at the Convocation in Ottawa in September will be 35 plus the successful 1985 Membership Examination candidates.

In 1984, for the first time and on an experimental basis, the College offered supplemental Membership Examinations to candidates in Oral and Maxillofacial Surgery who had failed to pass on their first try. All took advantage of the opportunity. The College will carefully monitor the experience and may consider offering supplementals on a regular basis sometime in the future.

The College regretfully accepted the resignation of Dr. John W. Stamm from the position of Examiner-in-Chief, effective December 31, 1984. As you may know, he has accepted the position of Assistant Dean (Research) and Director of the Dental Research Centre at the School of Dentistry, University of North Carolina at Chapel Hill. Dr. Stamm was appointed Examiner-in-Chief in February, 1982 after serving as Chief Examiner in Dental Public Health. In that short time he has contributed greatly toward improving the efficiency of the examination system. I am pleased to announce that Dr. Keith C. Titley has accepted the position of Examiner-in-Chief for a 3-year term commencing January 1, 1985. Dr. Titley has been an examiner in Paedodontics for many years, and has been Chief Examiner in that specialty since 1980.

ROYAL COLLEGE OF DENTISTS OF CANADA

The terms of several Chief Examiners have also expired and replacement appointments have been made. Chief Examiners in 1985 will be:

Dental Public Health	H. J. Hann, Vancouver
Dental Sciences	W. Fleming, Toronto
Endodontics	E. M. Wolfson, Toronto
Oral & Max. Surgery	L.D.F. Schofield, London, Ont.
Oral Pathology	R.J. McComb, Toronto
Oral Radiology	C.G. Baker, Edmonton
Orthodontics	R.W. Mullen, Edmonton
Paedodontics	H.G. Perreault, Montreal
Periodontics	H.L. Taub, Toronto
Prosthodontics	G. Zarb, Toronto

Attached herewith is a chart showing minimum eligibility requirements to take the Membership Examination. Dialogue continues with provincial licensing bodies to have the Membership Examination used as a requirement for specialty certification. Some provincial specialty organizations are also making petition to licensing bodies for acceptance of this standard national qualification.

APPENDIX M

The College and the Canadian Dental Association are pooling resources to develop a national list of all specialists, together with their various affiliations. The College last year published a register of its own Fellows and Members, which will apply until the next Convocation in September, 1985. This is available to anyone on request to the College office.

The Symposium on Facial Pain sponsored by the College, to be presented in conjunction with the CDA scientific program in Ottawa on September 30th, has been finalized by Chairman Dr. Kenneth C. Bentley. The morning session will deal with pain mechanisms, and the afternoon will concern the management of the patient with chronic facial pain. The speakers will be:

Dr. Ron Melzack, McGill University, Montreal
 Dr. Barrie Sessle, University of Toronto
 Dr. Ron Remick, Psychiatrist, Vancouver
 Dr. John Loeser, Neurological Surgeon, University of Washington, Seattle.

ROYAL COLLEGE OF DENTISTS OF CANADA

The College's Annual Meeting, Convocation and Annual Dinner will also be held in Ottawa on September 27th and 28th, 1985, and we look forward to being with you then.

Respectfully submitted,

K. J. Paynter, President
Royal College of Dentists of
Canada

ADOPTION OF REPORT

The Report of the Royal College of Dentists of Canada received for information by the Board of Governors, with thanks.

ROYAL COLLEGE OF DENTISTS OF CANADA

ELIGIBILITY REQUIREMENTS - MEMBERSHIP EXAMINATIONS

	DPH	Dental Sciences	Endodontics	Oral Pathology	Oral Radiology	OMFS	Orthodontics	Paedodontics	Periodontics	Prosthodontics
Education - Minimum years of advanced education in addition to DDS or DMD	2	2	2	2*	2**	3	2	2	2	2
Specialty Diploma (CDA/ADA accredited)	yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Other Degree	M.Sc.	M.Sc.	No	No	No	No	No	No	No	No

*Effective 1986, candidates must have successfully completed not less than 3 consecutive years of advanced studies in Oral Pathology.

**Applications will not be accepted until a minimum of three years has elapsed since the beginning of the oral radiology program.

CANADIAN ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS

REPORT TO THE 1985 INTERIM CDA BOARD OF GOVERNORS

The CAOMS has had a very eventful year in 1984. By far the most significant occurrence was the passage of the Canada Health Act. The ramifications of this legislation on health care delivery in general and its impact on the dental and oral surgery practitioner in particular was discussed at our fall executive meeting in Toronto. The meeting was chaired by our new President, Dr. Ronald Warren of Edmonton. He assumed the position with the untimely departure, for personal reasons, of Dr. Pierre Surprenant.

APP. N

We are all looking forward to our next annual CAOMS meeting, to be held May 10 to 12 at the Centre Sheraton in Montreal. The invited speaker will be Dr. Michael Kinnebrew of New Orleans who will be speaking on "Treatment of Cleft Lip - Cleft Palate". This promises to be a very jointful, exciting reunion and a detailed account will be forwarded in our next report.

Respectfully submitted

Dr. Aron Gonshor
Secretary
Canadian Association of
Oral and Maxillofacial
Surgeons

ADOPTION OF REPORT

The Report of the Canadian Association of Oral and Maxillofacial Surgeons received for information by the Board of Governors and it is noted that the appended statement has been referred to Dr. J. Gryfe, Chairman, Council on Hospital and Institutional Services for comment and recommendation.

CANADIAN ASSOCIATION OF ORAL & MAXILLOFACIAL SURGEONS

CANADA HEALTH ACT VS. C.A.O.M.S.

Since the adoption of the new Canada Health Act in June of 1984, an enormous amount of controversy has ensued across the country. One of the main points of concern amongst those involved in the healing arts centres around one particular aspect of this new Act. It is as follows:

**"The fees paid by the Provincial Medicare
scheme in each province is the only
remuneration allowable to anyone practising
within that health scheme."**

Certainly, there is no doubt that this philosophy; if taken to full application, will have a devastating effect upon our medical colleagues in different provinces and on the quality of care which they will be able to provide for their patients. Perhaps not yet considered by the Canadian Dental Association, is the impact that this will have upon the general dental practitioner and indeed, those specialists involved in the practise of Oral and Maxillofacial Surgery. Several provincial governments and their agencies are currently making efforts to fight the implementation of this Bill, and our medical colleagues have been joining them wherever possible in this endeavour. Other provinces, however, have adopted the Bill completely, and the medical practitioners in those areas have become, unfortunately, subject to its implications. It is our intention with the following to provide you with some idea of how this proposed new Canada Health Act shall impact upon our profession and specifically, upon the practice of Oral and Maxillofacial Surgery.

The one hundred and eighty-five Oral and Maxillofacial Surgeons across the country, along with many general dental practitioners, face a significant dilemma with respect to the new Canada Health Act. As practising dentists, essentially we must abide by the Provincial Dental Association's Fee Guide. This is because many of the services which we provide are dental procedures or procedures on the teeth. Nonetheless, as I am sure you are aware, many of the procedures which general dentists and especially Oral and Maxillofacial surgeons provide extend well beyond dental manipulation. Monetary reimbursement for a multitude of these extended health services in recent years has been deemed the responsibility of the Provincial Medicare scheme.

APPENDIX N

It is our interpretation that we as practising Oral and Maxillofacial Surgeons under the new Canada Health Act are entitled to reimbursement from the patient for dental services provided as per the Provincial Dental Association's Fee Schedule, but that we are not permitted to surcharge a patient additionally for any services for which we have received reimbursement from the Provincial Medicare scheme. This philosophy has brought us into disagreement with many Provincial Medicare Agencies, plus several third party insurance carriers, most notably when dental and medicare covered procedures are accomplished co-incidentally. Contrary to the above interpretation, these agencies are maintaining that whenever they charge a fee to the Provincial Medicare scheme then they cannot charge to the patient or any third party agency for any related services accomplished at the same time. This essentially means that we cannot bill the patient or his insurance carrier for any co-incidentally performed non-medicare covered dental services.

As example: A patient presents to an Oral and Maxillofacial Surgeon's office for multiple extractions plus the enucleation of a cyst which necessitates a general anaesthetic. The practitioner in performing all of this surgery to the patient's benefit at one sitting would normally bill the patient for their initial examination and consultation, radiography performed in the dental office, the provision of the general anaesthesia and general anaesthetic facilities, plus the extraction of the teeth. They would then bill the Provincial Medicare scheme for the enucleation of the cystic lesion. According to many agencies, once the medicare scheme has been billed for the enucleation of the cystic lesion, the individual practitioner is not allowed reimbursement for any other related services, including the extraction of the teeth, the initial examination and consultation, radiography or provision of general anaesthesia and general anaesthetic facilities. Since the cost incurred in providing this service for the patient will often exceed that which is paid by the Provincial Medicare scheme for the single isolated item which they cover, the individual not only performs the surgery at his own risk, but he also performs it at his own expense. This situation is, of course, absurd.

Another typical example is that of a patient who presents for pre-prosthetic skin graft vestibuloplasty requiring construction of a graft carrying splint. Here, the dental insurance plans are stipulating that because the practitioner has charged for the vestibuloplasty under the Provincial Medicare scheme, that he cannot charge the patient for any of the services which he has provided related to that procedure. This means that an individual cannot provide billings to the dental plan or the patient for his initial examination and consultation, the necessary diagnostic dental radiography, the obtaining of intra-oral impressions for study casts or for any laboratory fees associated with the construction and fabrication of the splint. This situation is again absurd.

APPENDIX N

The Quebec Provincial Medicare scheme has been attempting to force this method upon the Oral and Maxillofacial Surgeons practising in that province for several years. The Quebec Oral and Maxillofacial Surgeons Association has been fighting the Province in the courts with significant success. The provincial government then instigated Bill 42 which nullified the gains that the Quebec Association had achieved. Other provinces such as Ontario, Nova Scotia, British Columbia and Alberta are now finding themselves in a similar inequitable situation.

We, the Oral and Maxillofacial Surgeons of Canada, feel that a national policy must be established in the near future to strongly outline our stand in regard to the new Canada Health Act. It is our aim in this respect to provide a suitable environment in which our specialty can be allowed to practise in a manner that best suits the needs of our patients and not the economics of the insurance companies. We are in the process of gathering pertinent information from each province, and hopefully, in the near future, we will have a policy formulated regarding this issue.

One can easily recognize, as an Association, that the Oral and Maxillofacial Surgeons of Canada have little influence against the bureaucracy both in their respective provinces and in Ottawa. We have only one hundred and eight-five members, and we certainly do not carry much weight. We do, however, feel that the work performed for our patients is extremely important, and we do not feel we should be prejudiced in our treatment due to the fact that we bridge the gap between dentistry and medicine.

Hence, we desperately require both the support and assistance of our parent organization, the Canadian Dental Association. We have, in addition, established a liaison with the Canadian Medical Association and are now working closely with them in this regard. At this point in time, we feel that it is imperative that the Board of Governors of the Canadian Dental Association recognize our situation and our dilemma. Although the implementation of the new Canada Health Act may not have a major effect initially upon the average practising dentist in Canada, they must recognize the effect that it will have upon Oral and Maxillofacial Surgeons across Canada. In the past years, the quality of care rendered to Canadian people by Canadian Oral and Maxillofacial Surgeons, we feel, remains unparalleled in the world. If the Canadian Health Act is implemented totally within the next few years according to the interpretations which we are now witnessing, we cannot expect to see anything other than the death of contemporary Oral and Maxillofacial Surgery from the scope of Canadian healthcare.

Respectfully submitted,

R. E. Warren, D.D.S., F.R.C.D. (C)
President.
C.A.O.M.S.

ANNUAL
MEETING
BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION

OTTAWA, ONTARIO

October 3-4

1985

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PRESIDENT'S REMARKS
CDA ANNUAL BOARD OF GOVERNORS - OTTAWA
OCTOBER 3 & 4, 1985

I have just completed what to me is indeed a rare pleasure and profound privilege ... to be one of only 64 dentists in the history of our Association since 1902, to be President of CDA.

Some people on my travels across the country have remarked that it must be "a big job", "a lot of work" and I have invariably answered "sure, it has taken time away from family and practice but certainly - always - it is a rare privilege afforded only a few". C'est un privilège exceptionnel, accordé qu'à très peu de gens.

Ours in the next two days is the role of Trustee; we 25 on the Board of Governors; plus the other contributors from all walks of Association affairs; plus all that resource talent to make our responsibilities run smoothly - all of us share in the trust. Whatever else, our profession is one of dedication that "yes, dentistry, dental health, is good for life". Our profession is certainly one of pride, integrity and honor. May we approach those intangibles in the next two days.

We are faced with a heavy agenda, and decisions of significance to our future will be decided ... Notre ordre du jour est très chargé, et des décisions significatives à notre avenir seront prises. It is not the time to be weak, not to waver, nor to waffle.

The role of "Keeper of the purse" will arise early in the agenda and budgetary decisions will be required. There are responsible, active programs in our agenda but responsibility and activity and service cost... Yours will be the decision to determine our destiny.

Before we start the meeting proper, I wish to thank sincerely our hard working staff at CDA Headquarters. Avant que la réunion débute, j'aimerais remercier sincèrement notre personnel dévoué du siège social.

During the four month "hiatus" when CDA had no Executive Director, our senior people at 1815 Alta Vista, Linda Teteruck, Brian Henderson, Jean Scrimger, Sandra Déziel and Carolyn Hackland performed like the professionals they are, seemingly, above and beyond the call of duty. To you senior people, and to your staffs, my sincere thanks and appreciation from a grateful Association and an indebted President.

To all of you, I wish to introduce Mr. Jardine Neilson, our Executive Director - officially since August 1st. I say officially because Mr. Neilson had attended numerous meetings, sat in on planning seminars and read voraciously before the August 1st official starting date. I can ensure you that CDA is indeed fortunate to have Jardine Neilson on its team - already he has proven that he is going to be one of our most valuable assets. All of us will be hearing much more of Jardine Neilson and his innate capabilities in the future.

Thank you and let us proceed ...

Merci et qu'on procède ...

EXECUTIVE

REPORT OF THE EXECUTIVE COUNCIL TO THE 1985 ANNUAL BOARD OF GOVERNORS

Members: Dr. P.R. Crawford, Winnipeg, Chairman
Dr. E.F. Allison, Calgary
Dr. J.C. Giguère, Sillery
Dr. R.N. Hicks, Vancouver
Dr. B.W. Holmes, Kenora
Dr. R.J. Markey, Richmond
Dr. J.W. Niedermayer, Regina
Dr. J. Robertson, Summerside
Brig.-Gen. J.N. Wright, Ottawa

Council Meetings

Since the March Interim Board of Governors meeting, the Executive Council has met twice - May 3-4 and July 5-6, 1985.

Items of Business Requiring Board Action

Appointment of CDA Auditors

RESOLVED:

85.26 THAT the firm McCay-Duff & Company
be appointed CDA auditors for the
fiscal year 1985.

ADOPTED

Budget Projection

The 1986 Budget was reviewed and is appended herewith.

RESOLVED:

85.27 THAT the 1986 Budget be accepted
as amended.

APPENDIX A

ADOPTED

Explanatory notes are included with the budget forecasts to assist the Governors with their deliberations.

Items of Business Requiring Board Action (Cont'd.)CDIP Plans Audit

Executive Council reviewed the Canadian Dentists Insurance Program Statement of Receipts and Disbursements for the year ended December 31, 1984.

RESOLVED:

- | | | |
|-------|--|------------|
| 85.28 | THAT the Canadian Dentists Insurance Program Statement of Receipts and Disbursements for the year ended December 31, 1984 be approved. | APPENDIX B |
|-------|--|------------|

ADOPTED

CDA-RSP Financial Statements

Executive Council reviewed the audited financial statements for the CDA-RSP for the year ended May 31, 1985 prepared by Clarke Henning & Co.

RESOLVED:

- | | | |
|-------|--|------------|
| 85.29 | THAT the audited financial statements for the CDA-RSP for the year ended May 31, 1985 be approved. | APPENDIX C |
|-------|--|------------|

ADOPTED

CDSPI Appointments

Executive Council considered names put forward by the provinces of Ontario and Québec for CDA representatives to the CDSPI Board of Directors.

RESOLVED:

- | | |
|-------|---|
| 85.30 | THAT the CDA representative from Ontario to the CDSPI Board of Directors be Dr. R.L. Moran, for the calendar year 1986. |
|-------|---|

ADOPTED

RESOLVED:

- | | |
|-------|---|
| 85.31 | THAT the CDA representative from Québec to the CDSPI Board of Directors be Dr. R. Dupont, for the calendar year 1986. |
|-------|---|

ADOPTED

EXECUTIVE

Items of Business Requiring Board Action (Cont'd.)

CDSPI - Council on Insurance and Investment

To comply with Article XVI, Section 4h) of the CDA's Constitution and By-Laws,

RESOLVED:

- 85.32 THAT the Board of Directors of CDSPI
 be appointed the CDA Council on
 Insurance and Investment for the
 calendar year 1986.

ADOPTED

FDI

The term of the National Treasurer for Canada to the FDI requires renewal annually. Dr. Robert N. Hicks will complete his first 1 year term in October, 1985.

RESOLVED:

- 85.33 THAT Dr. Robert N. Hicks be appointed
 the CDA's National Treasurer to FDI
 effective October, 1985.

ADOPTED

Per Diems

Executive Council reviewed the current Per Diem Policy. Due to the current financial constraints the provision for the COLA increase which would come into effect in October, 1985 has been re-examined.

RESOLVED:

- 85.34 THAT all CDA officials receiving per
 diems forego the COLA increase which
 was approved at the 1985 Interim
 Board meeting relative to per diems,
 and that this deferral continue in
 effect until January 1, 1986.

ADOPTED

EXECUTIVE

Items of Business Requiring Board Action (Cont'd.)

Per Diems (Cont'd.)

Executive Council reviewed the current policy on the payment of per diems to Council and Committee Chairmen. At present, payment of per diems to Committee Chairmen requires authorization of the President. In order that the policy on such payment of per diems be uniform and consistent

RESOLVED:

- 85.35 THAT effective January 1, 1986 per diems be paid to all CDA Council and Committee Chairmen for all CDA called meetings, at the approved current rate of \$300.00

ADOPTED

The per diem policy relative to the payment of per diems for travel time was reviewed by Executive Council.

RESOLVED:

- 85.36 THAT per diems may be claimed for travel time when necessary, excluding travel on weekends.

ADOPTED

The CDA Expense Claim form will be amended to allow for a more accurate reporting of per diem claims.

Membership Fee Increase

Executive Council has reviewed the current membership fees. In 1984 approval was given to a 4.4% increase in membership dues to \$235.00 which comes into effect in 1986. Due to the current budgetary situation

RESOLVED:

- 85.37 THAT the membership fees for active members of the CDA be increased by 10.6% - \$25.00 for a total fee of \$260.00 and that this increase be effective in 1987, and further that other membership fee categories be increased proportionately.

ADOPTED

Items of Business Requiring Board Action (Cont'd.)Corporate Fee Increase

APPENDIX D

Executive Council reviewed the historical background and the present status relative to corporate fees.

RESOLVED:

- 85.38 THAT the recommendation concerning
Corporate Fee increases be split into
two separate motions.

ADOPTED

Corporate Fee Increase - Corporate Bodies

RESOLVED:

- 85.39 THAT corporate bodies be requested
to increase their corporate fee from
the present \$8.00 to \$10.00 per
member effective in 1987.

ADOPTED

Corporate Fee Increase - Licensing Bodies

RESOLVED:

- 85.40 THAT Licensing Bodies be requested
to increase their fee from \$5.00
per member to \$10.00 per member
effective in 1987.

ADOPTED

NOTE: It is noted that Dr. J.C. Giguère abstained from voting on this motion.

Parking Expansion & Garage Resurfacing - CDA Building

APPENDIX E

In order to maintain the CDA building as an attractive leasing property, the Executive Council has investigated possible parking expansion. An estimate and proposal has been prepared based on the addition of ten parking spaces.

Items of Business Requiring Board Action (Cont'd)Parking Expansion & Garage Resurfacing - CDA Building (Cont'd)

Executive Council has been informed that in order to prevent the further deterioration, and hence future more costly repair, of the surface of the underground parking area at the CDA building, resurfacing of this area is necessary.

RESOLVED:

- 85.41** **THAT garage resurfacing and parking expansion as outlined in the documents from Pye & Richards be approved for a total expenditure of \$60,000.00 which includes a 10 % consultant fee.**

ADOPTED**RESOLVED:**

- 85.42** **THAT the expenditure re the garage be financed from the contingency fund and that the cost relative to the parking expansion be financed through the CDA mortgage.**

ADOPTEDFDI Congress- 1993

The CDA Board of Governors had not given final approval to submit a request that Canada be the location of the 1993 FDI Congress. The Board has, however, received information indicating that two cities - Montréal and Vancouver - would like to be considered as the site in the event that such an application goes forward to the FDI.

APPENDIX F

Based on the above, the Executive Council decided that presentations would be received at the July Pre-Board Meeting of Council. Specific written instructions was sent to the corporate members in Québec and British Columbia, based on previous indications of their intent. All other corporate members were notified and instructed to inform CDA if cities in their geographic areas wished to submit proposals.

Confirmation was received from both B.C. and Québec that proposals would be made on behalf of the cities of Vancouver and Montréal, and both cities made presentations to Executive Council on July 5, 1985.

EXECUTIVE

Items of Business Requiring Board Action (Cont'd)

FDI Congress - 1993 (Cont'd)

Following the presentations, and discussion of this matter by Council, it was decided that a secret ballot be taken to ascertain the recommendation of Executive Council to the Board of Governors. It was further decided that all nine members of Executive Council would vote on this issue. Scrutineers were appointed, and as a result of the voting, the city of Montréal received six votes - the city of Vancouver three.

RESOLVED:

THAT should the CDA decide to submit
an official application to the FDI
to host the 1993 Congress, the city
of Montreal be the site for the Congress.

NOTE: It was the Board's decision to split this recommendation into two parts deciding first if a formal application would be made to host an FDI Congress in the first recommendation and naming the year and city in the second recommendation.

RESOLVED:

85.43 THAT CDA submit a formal application
to host an FDI Congress in Canada.

ADOPTED

RESOLVED:

85.44 THAT the CDA select the year 1993 as the
year when the congress will be held, and
further should a problem occur with the
year of application the Executive Council
be empowered to submit an application for
the year 1994.

ADOPTED

RESOLVED:

85.45 THAT the Board vote by ballot on the site
location.

ADOPTED

NOTE: Dr. P.Y. Lamarche and Mr. Ken Croft were appointed scrutineers for this ballot (Montreal).

Items of Business Requiring Board Action (Cont'd.)

FDI Congress - 1993 (Cont'd.)

RESOLVED:

- 85.46 THAT the city of Montreal be the CDA site
identified in the application.

DEFEATED

RESOLVED:

- 85.47 THAT the ballots be destroyed.

ADOPTED

NOTE: Drs. Dennis Wells and Toby Gushue were appointed scrutineers for this
ballot (Vancouver).

RESOLVED:

- 85.48 THAT the city of Vancouver be the CDA
site identified in the application.

ADOPTED

RESOLVED:

- 85.49 THAT the ballots be destroyed.

ADOPTED

RESOLVED:

- 85.50 THAT the Committee that will run the
FDI Congress in Canada be a CDA
Committee with the Chairman to be
named by the Executive Council of the
CDA.

ADOPTED

Items of Business Requiring Board Action (Cont'd)Roles and Responsibilities Committee

The first phase of the task of the Roles and Responsibilities Committee, under the Chairmanship of Dr. John Robertson, has been completed. Proposed amendments to the roles and responsibilities of the following are appended for the Board's consideration: Executive Council; Executive Management Committee; Chairman, Board of Governors; Executive Director; President and President-Elect. The sections of the Constitution and By-Laws relative to the above are also appended for comparison purposes.

RESOLVED:

- 85.51 **THAT the roles and responsibilities
of Executive Council be approved as
appended.**

APPENDIX G**ADOPTED****RESOLVED:**

- 85.52 **THAT this report be tabled until the
1986 Interim meeting of the CDA Board
of Governors.**

DEFEATED**RESOLVED:**

- 85.53 **THAT this Report (Appendix G - Roles and
Responsibilities) be referred back to
the Committee on Roles and Responsibilities
with an opportunity for all provinces to
provide direct input for representation at
the next Board meeting.**

ADOPTED

Following approval of the Board, these items will be referred to the Council on Constitution and By-Laws for review and necessary amendment to the Constitution and By-Laws.

The second phase of the task of the Roles and Responsibilities Committee involves review and recommendations concerning the structure, composition etc. of all CDA Councils and Committees. A further report on this item will be available at a future meeting of the Board of Governors.

Items of Business Requiring Board Action (Cont'd.)

Canadian Dental Association - Mission Statement

The Executive Council has reviewed a Mission Statement for the CDA prepared by the Task Force on Philosophy (Strategic Planning).

RESOLVED:

- 85.54 THAT the appended Mission Statement
 for the Canadian Dental Association
 be approved.

APPENDIX H

DEFEATED

RESOLVED:

- 85.55 THAT the Mission Statement for the Canadian
 Dental Association be referred back to
 Committee.

ADOPTED

Government Relations

Executive Council reviewed an Activity Plan Outline for the Government Relations Program as developed by the Task Force on Government Relations.

RESOLVED:

- 85.56 THAT the Goals and Objectives of
 the Government Relations Program
 as described in Appendix I be
 approved as amended.

APPENDIX I

ADOPTED

RESOLVED:

- 85.57 THAT Duties, Responsibilities and
 Structure (Appendix I) constitute
 the Terms of Reference of the Committee.

ADOPTED

Items of Business Requiring Board Action (Cont'd.)Guidelines - CDA Convention/Specialty Groups

Following discussion at the past meeting of Specialty Sections, March 7, 1985, Guidelines for Groups meeting in conjunction with the CDA were developed.

RESOLVED:

- 85.58 **THAT the appended Guidelines concerning CDA Convention/ Specialty Groups be approved.**

APPENDIX J

ADOPTEDGuidelines for National Symposia & Conferences

Due to the increased involvement by the CDA in National Symposia and conferences, Guidelines have been developed outlining CDA's financial obligations in this regard.

RESOLVED:

- 85.59 **THAT when National Symposia and Conferences are sponsored by the CDA, the following funding guidelines be applied:**

THAT the CDA shall be responsible for the payment of:

- meeting rooms, luncheons, receptions etc.
- speakers' honoraria and expenses
- expenses of CDA required representation.

ADOPTEDProgram of Assistance to Dentists

Executive Council has considered the matter of CDA involvement at the national level in the development of a Program of Assistance to Dentists relative to alcohol/chemical dependency, burnout, stress, marital, emotional and psychological problems.

EXECUTIVE

Items of Business Requiring Board Action (Cont'd.)

Program of Assistance to Dentists (Cont'd)

Information received from corporate members in regard to the status of such programs currently in operation was reviewed, as well as extensive documentation from the American Dental Association.

RESOLVED:

- 85.60 THAT CDA not proceed with the development of a National Dentists' Assistance Program at this time but that the Council on Ethics be appointed as the responsible body for encouraging corporate bodies to develop provincial Dentists' Assistance Programs and assume responsibility for informing corporate members that the CDA Resource Centre has information material available on this topic.

ADOPTED

Association of Canadian Faculties of Dentistry -
Voting Membership on CDA Board of Governors

APPENDIX K

Executive Council reviewed the appended document received from Dr. A. Schwartz, President of ACFD. In response to the motion put forth from the ACFD

RESOLVED:

- 85.61 THAT the request of the ACFD for voting membership on the CDA Board of Governors be denied, as the ACFD has opportunity for adequate representation within the existing structure of the CDA.

ADOPTED

Items of Business Requiring Board Action (Cont'd)

Membership Committee

APPENDIX L

The report of the Membership Committee was reviewed as appended. In regard to the item of Life Membership:

RESOLVED:

- 85.62 THAT Life Members and Past Presidents be approached and encouraged to donate the equivalent of the CDA membership fee to the CDA Library Trust Fund as a charitable gift.

ADOPTED

Executive Council reviewed the information concerning Associate Membership.

RESOLVED:

- 85.63 THAT the Membership Committee be empowered to look at the requirements for life membership with the understanding that life membership be based on a minimum of 40 years active service to the profession.

ADOPTED

NOTICE OF MOTION:

THAT the Life Membership category be revised with the direction that in order to obtain a CDA Life Membership, a dentist shall have been an Active or Affiliate member of the CDA in good standing for a minimum of 40 years regardless of age of applicant.

The Board directed this notice of motion to the Council on Constitution & By-Laws and the Membership Committee in order that an amendment be brought back to the Board for consideration at the 1986 Interim Meeting.

EXECUTIVE

Items of Business Requiring Board Action (Cont'd.)

Membership Committee (Cont'd.)

RESOLVED:

- 85.64 THAT the present Associate and Supporting member categories be combined under the name Supporting member category with the following qualifications:

THAT any dentist who would previously have applied for Associate Membership be considered under the redefined Supporting Membership category.

ADOPTED

RESOLVED:

- 85.65 THAT the Supporting Membership fee be set at 50 per cent of the Active/Affiliate Membership Fee, effective in 1986.

ADOPTED

NOTICE OF MOTION:

THAT the Council on Constitution and By-Laws of the CDA be requested to present an amendment to the 1986 Interim meeting of the Board of Governors whereby Sections 6 and 8 under Section V (Membership) and Section 6 and 8 under Section VI (Privileges of Members) are combined under the single category of Supporting Membership.

RESOLVED:

- 85.66 THAT any member in good standing who is no longer licensed to practice in a province of Canada, or who is retired from dental practice, teaching or administration or who presents special mitigating circumstances, shall be eligible to apply for admission as a Supporting member and shall become a Supporting member upon approval by the Executive Council and payment of the appropriate fee.

ADOPTED

Items of Business Requiring Board Action (Cont'd)

Membership Committee (Cont'd)

RESOLVED:

- 85.67 THAT this class of membership shall also include any person having an interest in the well being of the Association and who does not otherwise qualify as an Active, Affiliate, Honorary, Life or Student member of the Association upon application and approval by the Executive Council and payment of the appropriate fee.

ADOPTED

Life Membership

APPENDIX M

Life Memberships were approved by Executive Council as per the appended list.

Consumer Product Recognition Committee

APPENDIX N

The appended report of the Consumer Product Recognition Committee was reviewed by Executive Council.

RESOLVED:

- 85.68 THAT the Committee for Consumer Product Recognition will, at the present time, limit products it considers to those containing pharmacological agents with therapeutic benefit and that the first category of such agents that the Committee will consider will be those aimed at plaque control.

ADOPTED

Items of Business Requiring Board Action (Cont'd)Third Party Dental Plans Committee

APPENDIX O

The report of the Third Party Dental Plans Committee is appended.

RESOLVED:

- 85.69 **THAT the following definition of
AUDIT be approved:**

**AUDIT: any inquiry that goes beyond
the routine confirmation, by
correspondence, of patient related
data, is deemed to be an audit and within
the sole discretion of the Provincial
Dental Licensing Authority.**

ADOPTED

Executive Council reviewed the information provided concerning the development of a Standard Dental Claim Form.

RESOLVED:

- 85.70 **THAT the matter of a CDA Standard
Dental Claim Form be referred back
to Committee for further discussion.**

ADOPTED

Executive Council reviewed information provided on the request from the B.C. College to assign a number to designate an incorporated practice or a second office of a dentist.

RESOLVED:

- 85.71 **THAT the provincial designation
number have 50 added to it in
the event that the practice is
incorporated.**

ADOPTED

**NOTE: To clarify the above motion the number 50 is to be added to the first
two numbers of the provincial designation number.**

Items of Business Requiring Board Action (Cont'd.)Third Party Dental Plans Committee (Cont'd.)

Executive Council was informed that the Third Party Dental Plans Committee is investigating the establishment of a data base containing provincial codes and procedure numbers.

RESOLVED:

- 85.72 THAT an amount up to \$1,500 beyond current budget (if necessary) be approved for the production and maintenance of standardization of codes and procedures nationally.

ADOPTED

The following motions from the Third Party Dental Plans Committee are additions to the Committee's report since it was reviewed by Executive Council and are therefore submitted to the Board without executive comment or recommendation:

RESOLVED:

- 85.73 THAT The Canadian Dental Association takes the position that third party carriers, including dental consultants to carriers, should not exceed their legitimate role in the processing of dental benefit claims and specifically should not reject liability for complex cases without seeking the advice of individuals with specialized expertise in the disciplines involved.

ADOPTED

RESOLVED:

- 85.74 THAT the Canadian Dental Association urge third party carriers to identify dental consultant, by name in any correspondence to attending dentists.

ADOPTED

RESOLVED:

- 85.75 THAT the Canadian Dental Association notify third party carriers of this position.

ADOPTED

Items of Business for InformationEditorial Board

APPENDIX P

The Report of the Editorial Board is appended as reviewed by Executive Council. An Introductory Report has been prepared by the Chairman of the Editorial Board, Dr. Hardie. Executive Council has requested that Dr. Hardie proceed with an analysis of the Journal within present budget restrictions, and prepare a further report for Council.

Convention Committee Reports

APPENDIX Q

Executive Council reviewed the appended report prepared on the CDA Conventions 1985-1988.

Dr. J.C. Giguère has been appointed as the Chairman of the 1987 Convention in Québec City, and Dr. Roger Ellis has been appointed Chairman of the 1988 Convention in Edmonton.

Taxation Committee

APPENDIX R

The report of the Taxation Committee was reviewed by Executive Council and is appended for information.

Property Management

Leasing agreements have been negotiated/re-negotiated with the Canadian Pharmaceutical Association, the Canadian Association of Medical Radiation Technologists and the Canadian Red Cross.

Advice has been received from the roofing consultant that further repairs may be necessary to a portion of the roof of the CDA building within the next 2-3 years.

EXECUTIVE

Items of Business for Information (Cont'd.)

Oral Medicine - Request for Specialty Status

The CDA has received requests on the recognition of Oral Medicine as a specialty of dentistry. This item was discussed at the March, 1985 Annual Meeting of Specialty Sections, and it was agreed that the President of the Canadian Academy of Oral Pathology further investigate this matter. A request has been received by the CDA from the Canadian Academy of Oral Pathology to provide funds to finance an Ad Hoc Committee Meeting consisting of representatives of those trained in Oral Medicine and Oral Pathology for further discussion in this area. Although the CDA supports the investigation of this matter, the request for funding has been denied due to budget restrictions.

Certifying Board - Academy of General Dentistry

The Executive Council has received information concerning the establishment of a Certifying Board for General Dentistry. Comment on this matter was solicited from provincial licensing bodies and the CDA's Council on Education and Accreditation. Based on comment received, the CDA will develop a position paper on this matter indicating that the CDA does not support the establishment of a Certifying Board for General Dentistry. This document will be presented to the Board for consideration at its next meeting.

CDA Manpower Symposium

The CDA Manpower Symposium will take place on October 18-19, 1985 at the Sheraton Centre in Toronto. Input to the Symposium was sought from the CDA Board of Governors, Corporate Members, Specialty Sections, Dental Faculties, Licensing Bodies and CDA Affiliates. Anticipated attendance is around 200.

Policy Advisory Board - National School of Dental Therapy

A proposal has been received from Health and Welfare Canada on a Policy Advisory Board to the National School of Dental Therapy suggesting possible composition, meeting schedules and voting privileges. Following a clarification of voting rights received from Health and Welfare, this proposal was forwarded to the College of Dental Surgeons of Saskatchewan for comment.

RESOLVED:

- 85.76 **THAT the CDA pursue the possibility with Medical Services Branch, National Health & Welfare Canada of obtaining voting privileges on the Policy Advisory Board-National School of Dental Therapy.**

ADOPTED

APPENDIX S

EXECUTIVE

Items of Business for Information (Cont'd.)

Restructuring of CDSPI Board of Directors

Following the 1985 Interim Meeting of the CDA Board of Governors, CDSPI was requested to resolve the matter of adequate representation on the CDSPI Board of Directors. The Board of Directors of CDSPI will put forth a recommendation to the October 5 Annual Meeting of Voting Members, that the CDSPI Board structure be changed by the addition of one observer from each of the regions of (a) Manitoba/Saskatchewan and (b) the Atlantic Provinces.

CDA/Corporate Members - Participation Agreement

The CDA has been notified by the QDSA that they wish to re-apply for malpractice insurance through the Participation Agreement. The QDSA will, therefore, be requested to sign the 1985 Participation Agreement with the exclusion of General Insurance.

RESOLVED:

- 85.77 THAT in the event the QDSA requests re-entry to the Malpractice Insurance portion of the CDIP, such re-entry to the Malpractice Insurance Plan be approved on the condition that QDSA sign the 1985 Participation Agreement, amended to remove the General Insurance portion.

ADOPTED

RESOLVED:

- 85.78 WHEREAS the QDSA will not sign the 1985 Participation Agreement; and

WHEREAS the CDA carries the responsibility for Quebec dentists who will as a result be without Malpractice Insurance as of January, 1986;

THAT all Quebec dentists be informed of CDA eligibility requirements for participation in Canadian Dentists' Insurance Plans.

ADOPTED

Items of Business for Information (Cont'd)Creation of a CDA Council on Dental Specialties

Following discussion at the March, 1985 Annual Meeting of Specialty Sections, a proposal has been submitted to the CDA for the creation of a Council on Dental Specialties. This proposal has been referred by Executive Council to the Roles and Responsibilities Committee and a recommendation on this matter will be brought to the Board at a future meeting.

Canada Health Act

APPENDIX T

The Canadian Association of Oral and Maxillofacial Surgeons had expressed concern to the CDA relative to the Canada Health Act. A letter has been sent to the Minister of Health & Welfare in this regard, and a copy of this letter and the encouraging reply received are appended.

AwardsDistinguished Service Award

APPENDIX U

Executive Council wishes to announce that the Distinguished Service Award has been awarded to Dr. Arthur Wood in recognition of his many years of service to dentistry, especially in the area of sports dentistry.

Honorary Membership

The annual applications submitted for Honorary Membership were reviewed by the Executive Council.

APPENDIX V

Executive Council is pleased to announce that Dr. Lorne MacLachlan of Ottawa has been awarded Honorary Membership in the Canadian Dental Association.

Canadian Dental Research Award

On the recommendation of the Council on Dental Materials and Devices, Executive Council approved the awarding of the Canadian Dental Research Award to Dr. Lawrence Richard Yanover for his paper on "A Clinical and Microbiological Examination of Gingival Disease in Parapubescent Females". Dr. Yanover's research for his paper was conducted at the University of Toronto, and the Institutional Trophy has been awarded to that facility.

EXECUTIVE

Items of Business for Information (Cont'd)

Meeting Treasury Board Officials - Dental Plans for Public Servants

In April of this year, at the request of Treasury Board, CDA President, Dr. P. Ralph Crawford, and Dr. Donald MacFarlane, Chairman of the Third Party Dental Plans Committee, met with Mr. Don Lewis and Mr. Jean-Pierre Kingsley of Treasury Board. The purpose of this meeting was the discussion of dental plans in light of the government's proposal to establish dental plans for some 240,000 public servants. Following the meeting, Dr. MacFarlane provided Treasury Board with written material as requested at the meeting.

Dental Therapists - Yukon Territories

APPENDIX W

Correspondence was received by the CDA expressing concern on the utilization of dental therapists by dentists in private practice in the Yukon Territories. A review of the Ordinance of the NWT indicated that this practice was within the law. However, the CDA has written to the Minister of Health & Welfare on this matter, indicating concern on such utilization of dental therapists and querying the placement mechanism for dental therapists.

Dental Aid to Haiti

In March of this year a review of the dental health situation in Haiti was conducted. Dr. Daniel Kandelman of the University of Montréal was the CDA's Project Director and the Canadian International Development Agency assisted in the funding. Following this feasibility study, a report was received from Dr. Kandelman recommending further assistance in Haiti. The CDA is investigating the possibility of further financial assistance from CIDA for the continuation of this project.

CDA Brief to Health & Welfare Canada

In consultation with Dr. William R. Bedford, Senior Consultant - Dentistry, the CDA prepared a brief to Health & Welfare Canada entitled "The Role of Dentistry in Dental Health Promotion and Dental Disease Prevention in Canada". This brief has been previously circulated to the Board.

Items of Business for Information (Cont'd.)

President's Activities

APPENDIX X

A detailed outline of the President's activities during his term of office is appended for the Board's perusal.

Council Reports

Executive Council has reviewed Council reports as appended and other matters which require Board action follow therein.

Respectfully submitted,

P. Ralph Crawford, D.M.D.
Chairman
Executive Council

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Executive Council with appreciation.

FOREWORD

THE BUDGET ESTIMATES PRESENTED AT THIS TIME ARRIVE AS A RESULT OF CDA MANAGEMENT WORKING TOGETHER TO FULFILL A DIRECTION FROM THE BOARD OF GOVERNORS THAT AN IMPROVED FORECASTING SYSTEM BE ESTABLISHED.

EACH STAFF MEMBER AT THE SENIOR MANAGEMENT LEVEL ACCEPTED THE RESPONSIBILITY OF CONFERRING WITH COUNCIL CHAIRMEN, PROVIDING ACTIVITY PLANS, SETTING BUDGET PARAMETERS AND OF SUPERVISING SPECIFIC REVENUE / EXPENSE AREAS. THIS PROCEDURE CHANGE DEMANDS CHANGES TO THE ONGOING MONITORING SYSTEM — CONSEQUENTLY REVENUE / EXPENSE PROJECTIONS ARE PRESENTED IN A DIFFERENT FORMAT.

NOTES ARE INCLUDED IN THE REPORT FOR YOUR INFORMATION.

NOTES TO THE 1986 BUDGET PROJECTIONS

GENERAL REVENUE

Membership fee estimations were calculated based on the adjusted 1985 figure multiplied by the new rate for 1986; for 1987 the 1986 projection was increased by 2.5% to reflect expected member increase.

Maintaining a conservative projection, interest revenue has been adjusted based on current resources and current earnings.

Rental revenue is based on a projected full occupancy at \$14.00 per sq. ft.

FDI revenue as shown for 1985, 1986, and 1987 reflects an accounting change; formerly net revenue was reported presenting only that portion of FDI member fees retained by the Association for administering the Canadian membership program. The increased amount represents gross revenue received. All payments to and for the FDI program are included in the FDI expense accounts. (See FDI Administration)

EXPENSE ACCOUNTS / ADMINISTRATION AND TRAVEL

Salaries and Benefits — the 1986 projections include an increase of 6% re present payroll plus an amount to cover anticipated staff increases during the year. The 6% increase will cover both cost of living and merit increases and is in line with job market increases for these elements.

General & Administration — the low rate of increase reflects ongoing analysis and relocation of specific costs to related programs.

Staff Travel — this expense records liaison activity by staff with outside agencies and more frequent attendance required re out of town meetings.

Travel and Meeting expense — see Travel & Per Diems expense schedule.

CANADIAN DENTAL ASSOCIATION

REVENUE / EXPENSE ESTIMATES FOR 1986

REVENUE ACCOUNTS

	Prior Yr Actuals	Current Yr Budget	Adjusted 86 Budget	6 MTH Actuals	1986 Budget	86 Bud/ Adj Bud	1987 Projected
GENERAL REVENUES							
Active & Affiliate Fees	\$1,855,639	\$1,869,750	\$1,872,450	\$1,777,132	\$1,954,070	104.4%	\$2,215,306
Corporate Fees	\$80,801	\$80,696	\$82,520	\$79,813	\$82,520	100.0%	\$84,583
Associate & Supporting Fees	\$10,902	\$10,080	\$10,080	\$6,868	\$10,080	100.0%	\$10,322
Student Fees	\$26,235	\$24,700	\$24,700	\$3,181	\$24,700	100.0%	\$26,600
Interest Revenue	\$156,543	\$75,000	\$85,000	\$50,722	\$90,000	105.9%	\$90,000
Rental Income	\$133,487	\$176,837	\$178,734	\$92,789	\$178,282	99.7%	\$178,282
FDI Revenue	\$5,221	\$6,000	\$14,000	\$13,660	\$6,000	42.9%	\$15,000
Other Income Net	(\$2,795)	\$0	\$0	\$930			

PROGRAM REVENUES

DATP Revenue	\$131,936	\$115,000	\$126,000	\$84,142	\$140,000	111.1%	\$140,000
Dental Awareness (NDHM)	\$19,170	\$20,000	\$20,000	\$17,367	\$20,000	100.0%	\$20,000
Product Recognition	\$7,000	\$0	\$15,000	\$10,000	\$24,000	160.0%	\$24,000
Publications	\$70,990	\$65,000	\$70,000	\$43,217	\$75,000	107.1%	\$75,000
Convention	\$1,048						
Survey Revenue	\$26,100	\$17,100	\$16,500	\$10,000	\$33,200	201.2%	\$16,000
Grants / NDEB	\$15,000	\$15,000	\$15,000	\$15,000	\$15,000	100.0%	\$15,000
Grants Transfer / Corporate Fee	\$59,610	\$59,435	\$61,175	\$46,745	\$62,175	100.0%	\$63,729
Grants / Student Affairs	\$14,264	\$19,000	\$15,000	\$1,140	\$15,000	100.0%	\$15,000
Journal Advertising	\$389,636	\$432,000	\$411,000	\$189,620	\$435,000	105.8%	\$460,800
Journal Subscription	\$15,377	\$15,000	\$15,000	\$12,994	\$16,000	106.7%	\$16,960

TOTAL	\$3,016,164	\$3,000,598	\$3,033,159	\$2,455,320	\$3,181,027	104.9%	\$3,466,582
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Possible Fees Increase 1987

Corporate Grants @ 54%

Total Possible Revenue

TO BE APPROVED AT INTERIM BOARD OF GOVERNORS

\$80,000

\$3,546,582

EXPENSE ACCOUNTS

ADMINISTRATION & MEETING EXPENSE

Salaries & Benefits	\$609,967	\$645,284	\$660,915	\$346,961	\$730,951	110.60%	\$791,290
General & Administration	\$300,819	\$306,005	\$306,694	\$145,849	\$311,910	101.70%	\$330,625
Property Management	\$241,266	\$299,060	\$282,929	\$134,079	\$283,550	100.22%	\$294,892
Grants Sponsorship	\$5,394	\$5,000	\$12,000	\$11,500	\$11,000	91.67%	\$11,000
Consultants	\$37,757	\$20,000	\$57,500	\$43,830	\$20,000	34.78%	\$20,000
Membership Admin & Promo	\$27,634	\$25,000	\$35,515	\$34,975	\$34,500	97.14%	\$35,000
FDI Administration	\$13,889	\$20,000	\$20,000	\$25,585	\$20,000	100.00%	\$20,000
Staff Travel Expense	\$55,078	\$46,000	\$53,500	\$28,622	\$53,600	100.19%	\$53,600
Travel & Meeting Expense	\$334,008	\$401,845	\$428,529	\$217,841	\$513,360	119.80%	\$533,894
Honoraria & Per Diems	\$189,406	\$213,750	\$254,869	\$135,636	\$298,528	117.13%	\$309,484
Unbudgeted Projects	\$40,726	\$50,000	\$50,000	\$38,696	\$30,000	60.00%	30,000

PROGRAM EXPENSE

Journal Production & Sales	\$505,927	\$519,394	\$554,701	\$265,789	\$613,068	110.52%	\$636,121
Communications	\$88,118	\$110,330	\$105,330	\$52,360	\$109,700	104.15%	\$116,282
Dental Awareness Program	\$146,966	\$75,000	\$305,000	\$267,946	\$247,000	80.98%	\$150,000
Educ / Students	\$17,394	\$36,500	\$33,500	\$19,106	\$30,190	90.12%	\$31,761
Educ / DATP	\$80,525	\$81,700	\$79,700	\$37,370	\$99,300	124.59%	\$95,985
Resource Centre	\$10,111	\$9,000	\$14,900	\$8,368	\$15,515	104.13%	\$16,446
Accred / Surveys	\$32,814	\$50,000	\$50,000	\$28,328	\$90,180	180.36%	\$66,400
CDA Convention	\$4,935						
Conferences	\$22,060	\$24,000	\$22,500	\$1,497	\$22,500	100.00%	\$23,850

TOTALS	\$2,764,794	\$2,937,868	\$3,328,082	\$1,839,338	\$3,534,852	106.21%	\$3,566,630
APPROVED AT 1985 ANNUAL BOARD			CSA/CDA DEVELOPMENT OF STANDARDS		\$21,000		
UPDATED TOTAL					\$3,555,852		
NET SURPLUS / DEFICIT	\$251,370	\$62,730	(\$294,923)	\$615,982	(\$374,825)		(\$100,049)

INCLUDES AMENDMENTS AND ADJUSTMENTS AS DIRECTED BY THE BOARD OF GOVERNORS, OCTOBER 1985

REVENUE TOTAL 1987 INCLUDES 10.6% INCREASE TO ACTIVE/AFFILIATE FEES.

TRAVEL & PER DIEMS EXPENSE

TRAVEL & ACCOMMODATION (T&A)								MEETING	
MEETING NAME	# Meet	# Days	# Attend	Accom Exp	Travel Exp	Total T&A	Per Diems # Days	(PD) 1 Day	Expense Per Annum
EXECUTIVE COUNCIL	4	10	9	\$15,300	\$17,280	\$32,580	5	\$4,836	\$24,180
Saturdays							5	\$2,430	\$12,148
Convention Attend	1	3	9	\$4,590	\$4,320	\$8,910	3	\$3,432	\$19,206
Liaison-CDSPI	2	4	1	\$680	\$960	\$1,640	4	\$468	\$3,512
Convention Chairman	2	3	1	\$510	\$960	\$1,470	3	\$312	\$2,406
MANAGEMENT COMMITTEE	4	4	3	\$2,040	\$5,760	\$7,800	4	\$2,028	\$8,112
Other Expense	10	20	2	\$6,800	\$9,600	\$16,400	20	\$1,352	\$27,040
PRESIDENT'S EXPENSE	15	50	2	\$17,000	\$14,400	\$31,400	50	\$676	\$33,800
President's Installation						\$15,000			\$15,000
PRODUCT RECOGNITION	3	3	7	\$3,570	\$10,080	\$13,650	3	\$312	\$936
MEMBERSHIP	2	6	8	\$8,160	\$7,680	\$15,840	6	\$1,248	\$7,488
TAXATION	3	3	3	\$1,530	\$4,320	\$5,850	3	\$676	\$2,028
EDITORIAL BOARD	2	2	5	\$1,700	\$4,800	\$6,500	2	\$312	\$624
SALARIED DENTISTS	1	1	6	\$1,020	\$2,880	\$3,900	1	\$468	\$468
THIRD PARTY DENTAL	4	4	4	\$2,720	\$7,680	\$10,400	4	\$312	\$1,248
Sub Comm / Cap. & Alt. Fund	2	2	3	\$1,020	\$2,880	\$3,900	2	\$312	\$624
Chairman's Travel	3	3	1	\$510	\$3,000	\$3,510	3	\$312	\$936
Spec Project / Code Revision						\$1,500			\$1,500
GOV'T RELATIONS	4	4	5	\$3,400	\$9,600	\$13,000	4	\$1,352	\$5,408
Special Events					\$0	\$8,000			\$8,000
CONSTITUTE & BYLAWS	2	2	5	\$1,700	\$4,800	\$6,500	2	\$780	\$1,560
ETHICS	1	1	6	\$1,020	\$2,880	\$3,900	1	\$780	\$780
DENTAL MATERIALS & DEVICES	2	1	9	\$1,530	\$8,640	\$10,170	2	\$780	\$1,560
CSA/FDI Liaison	2	2	4	\$1,360	\$3,840	\$5,200	2	\$312	\$624
HEALTH CARE	1	2	14	\$4,760	\$6,720	\$11,480	2	\$780	\$1,560
Council Exec	3	3	3	\$1,530	\$4,320	\$5,850	3	\$312	\$936
EDUCATION & ACCREDITATION	1	4	17	\$11,560	\$8,160	\$19,720	4	\$780	\$3,120
Chairman's Travel	5	16	1	\$2,720	\$2,400	\$5,120	16	\$312	\$4,992
Sub Committee Exp / Doc's	3	6	3	\$3,060	\$4,320	\$7,380			\$0
Continuing Educ	2	2	4	\$1,360	\$3,840	\$5,200	2	\$312	\$624
Dat Committee	2	4	8	\$5,440	\$7,680	\$13,120	4	\$312	\$1,248
Dat Interview Study						\$9,100			
Chalk Graders	2	2	8	\$2,720	\$7,680	\$10,400			\$10,400
STUDENT AFFAIRS						\$15,000	3	\$780	\$2,340
Chairman's Travel	2	4	1	\$680	\$960	\$1,640	4	\$312	\$1,248
HOSPITAL SERVICES	2	4	7	\$4,760	\$6,720	\$11,480	4	\$780	\$3,120
Chairman's Travel	4	7	1	\$1,190	\$1,920	\$3,110	7	\$312	\$2,184
JOINT ADVISORY COMMITTEE:									
Joint Committee / Educ.	2	4	5	\$3,400	\$4,800	\$8,200	4	\$312	\$1,248
Joint Committee / Hosp.	2	4	2	\$1,360	\$1,920	\$3,280	4	\$312	\$1,248
INFORMATION SERVICES	3	6	7	\$7,140	\$10,080	\$17,220	6	\$780	\$4,680
NOMINATIONS	1	1	3	\$510	\$1,440	\$1,950	1	\$676	\$676
BOARD OF GOVERNORS	2	5	34	\$28,900	\$32,640	\$61,540	3	\$8,424	\$21,060
Saturdays							2	\$4,212	\$8,424
Translation Expense						\$7,000			\$7,000
Extra Persons Lunch Expense						\$1,800			\$1,800
PRESIDENTS & CEOs	1	1	15	\$2,550	\$7,200	\$9,750	1	\$1,352	\$1,352
SPECIALTY SECTIONS	1	1	10	\$1,700	\$4,800	\$6,500			\$6,500
FDI ATTENDANCE	1	10	4	\$6,800	\$12,000	\$18,800			\$18,800
Sponsor CDAI/FDI Rep	1	10	1	\$1,700		\$1,700			\$1,700
UNBUDGETED MEETINGS						\$30,000			\$30,000
TOTAL	110	224	241	\$170,000	\$255,960	\$513,360	199		\$202,728

: Accommodation Expense at \$170 per person per day

: Travel expense at \$480 per person per meeting

: Per diems adjustments reflect an increase of 4% effective January, 1986, as directed by Board of Governors

: Lunch expense for forty persons extra to governors per day

(80 x \$11.25 x 2) Averaged Lunch Expense at Four Seasons Hotel.

: Total I&A expense for Student Council when using formula would be \$22050 — Executive Council set amount based on experience to date.

CANADIAN DENTAL ASSOCIATION

1986 BUDGET PROJECTIONS

JOURNAL PRODUCTION	Prior Yr Actuals	Current Yr Budget	Adjusted 85 Budget	6 MTH Actuals	1986 Budget	86 Bud/ Adj Bud	1987 Projected
MEETING EXPENSE							
Editorial Board	\$9,213	\$6,750	\$6,750	\$4,048	\$7,124	105.5%	\$7,409
JOURNAL PRODUCTION							
Payroll Expense	\$83,039	\$87,244	\$106,391	\$48,353	\$119,448	112.3%	\$125,420
Staff Travel	\$4,236	\$8,500	\$8,500	\$3,530	\$9,000	105.9%	\$9,450
Agency Commission	\$50,891	\$60,750	\$57,500	\$25,527	\$60,000	104.3%	\$63,000
Sales Manager Commission	\$7,824	\$11,400	\$8,800	\$3,478	\$9,200	104.5%	\$9,660
Commissions & Mailings	(\$631)		\$2,310	\$2,310		0.0%	\$0
Journal Prod / Printing	\$176,195	\$275,000	\$197,750	\$93,771	\$216,100	109.3%	\$226,905
Journal Prod / Layout	\$94,525		\$92,250	\$48,319	\$100,800	109.3%	\$105,840
Shipping Charges	\$18,048	\$17,000	\$18,000	\$6,577	\$20,000	111.1%	\$21,000
Journal Postage	\$9,676	\$18,000	\$12,000	\$5,535	\$12,720	106.0%	\$13,356
Sales — Travel / entertainment	\$9,605	\$5,000	\$6,000	\$4,093	\$6,600	110.0%	\$6,930
Translation Expense	\$20,097	\$15,000	\$20,000	\$9,756	\$22,000	110.0%	\$23,100
Journal Promotion	\$18,339	\$6,000	\$10,000	\$10,895	\$8,000	80.0%	\$8,400
Freelance Expense	\$75	\$3,500	\$3,500	\$775	\$3,500	100.0%	\$3,675
Audit Expense	\$1,105	\$1,500	\$1,200	\$1,045	\$1,500	125.0%	\$1,575
Readership Survey					\$7,000		
Scientific Editor Services	\$6,700	\$8,000	\$8,000	\$2,850	\$9,200	115.0%	\$9,660
Telephone & Telegraph	\$5,176	\$5,000	\$5,000	\$2,189	\$5,000	100.0%	\$5,250
Reprinting Expenses	\$3,142	\$1,000	\$1,000	\$316	\$5,000	500.0%	\$5,250
Photography					\$2,000		\$2,100
Bad Debts	\$2,121	\$5,000	\$5,000		\$5,000	100.0%	\$5,000
TOTAL	\$519,376	\$534,644	\$569,951	\$273,367	\$629,192	110.4%	\$652,980
JOURNAL REVENUE	\$405,013	\$447,000	\$426,000	\$202,614	\$452,000	106.1%	\$476,800
NET SURPLUS / DEFICIT	(\$114,363)	(\$87,644)	(\$143,951)	(\$70,753)	(\$177,192)		(\$176,180)

: Related meeting expense is included with this report to more accurately portray program expense to revenue received; the amount shown includes travel, accommodation, and per diem projections.

: Journal staff travel formerly included under travel and meetings has been relocated for the same reason.

CANADIAN DENTAL ASSOCIATION			1986 BUDGET PROJECTIONS				
ACCREDITATION PROGRAM	Prior Yr Actuals	Current Yr Budget	Adjusted '85 Budget	6 MTH Actuals	1986 Budget	86 Bud/ Adj Bud	1987 Projected
MEETING EXPENSE							
Education & Accreditation	\$28,119	\$57,385	\$27,295	\$22,546	\$22,840	83.7%	\$23,754
Chairman's Travel			\$2,775	\$738	\$10,112	364.4%	\$10,516
Committee Act's / Educ			\$2,945	\$6,256	\$7,380	250.6%	\$7,675
Hospital Services	\$9,602	\$9,560	\$9,560	\$7,334	\$14,600	152.7%	\$15,184
Chairman's Travel				\$821	\$5,294		\$5,506
Joint Advisory Committee			\$7,400		\$13,976	188.9%	\$14,535
ACCREDITATION PROGRAM							
School Survey	\$12,455	\$24,800	\$24,800	\$14,029	\$28,440	114.7%	\$16,200
School Survey / Under & Post					\$19,800		\$16,200
Hospital Survey	\$9,184	\$11,200	\$11,200	\$6,199	\$6,480	57.9%	\$7,000
Survey Expense / Director					\$13,260		\$12,000
Fee For Service — Schools	\$7,950	\$10,000	\$10,000	\$6,525	\$11,100	111.0%	\$6,750
Fee For Service — Under & Post					\$9,300		\$6,750
Fee For Service — Hospitals	\$3,225	\$4,000	\$4,000	\$1,575	\$1,800	45.0%	\$1,500
TOTAL	\$70,535	\$116,945	\$99,975	\$66,023	\$164,382	164.4%	\$143,570
PROGRAM REVENUE	\$100,710	\$91,535	\$93,675	\$71,745	\$110,375	117.8%	\$94,729
NET SURPLUS / DEFICIT	\$30,175	(\$25,410)	(\$6,300)	\$5,722	(\$54,007)	(\$0)	(\$48,841)

: Related meeting expense is included with this report to more accurately portray program expense to revenue received; the amount shown includes travel, accommodation, and per diem projections.

: The accreditation survey schedule for 1986 is exceptionally heavy for a number of reasons.

- the Ontario Ministry of Colleges and Universities has approved CDA's accreditation process and a total of 14 Ontario programs must be visited in the year.
- Council on Education and Accreditation is now responsible for internship surveys and 7 are required in the year.
- University of Toronto survey is scheduled involving 6 dental specialty programs.
- the hospital survey budget represents expense for 9 hospital surveys.

CANADIAN DENTAL ASSOCIATION			1986 BUDGET PROJECTIONS				
DAT PROGRAM	Prior Yr Actuals	Current Yr Budget	Adjusted '85 Budget	6 MTH Actuals	1986 Budget	86 Bud/ Adj Bud	1987 Projected
MEETING EXPENSE							
DAT Committee	\$29,553	\$38,400	\$38,650	\$22,532	\$14,368	37.2%	\$14,943
DAT Interview Study					\$9,100		
Chalk Graders					\$10,400		\$10,816
PROGRAM ADMINISTRATION COST							
DAT Shipping / Postage	\$7,377	\$3,700	\$3,700	\$5,515	\$9,000	243.2%	\$9,450
DAT Test Supplies/Print/Promo	\$42,761	\$29,500	\$29,500	\$14,406	\$42,000	142.4%	\$44,100
DAT New Material / Chalk	\$12,085	\$22,500	\$22,500	\$15,117	\$24,700	109.8%	\$21,935
DAT Grading Test Papers	\$9,432	\$12,000	\$12,000	(\$2,525)	\$8,000	66.7%	\$8,400
DAT Fee For Service	\$8,870	\$14,000	\$12,000	\$5,510	\$10,000	83.3%	\$10,500
DAT User Fees				\$1,680	\$1,600		\$1,600
DAT Validation			\$6,000		\$4,000		
TOTAL	\$110,078	\$120,100	\$124,350	\$62,235	\$133,168	107.1%	\$121,744
PROGRAM REVENUE	\$131,936	\$115,000	\$126,000	\$81,142	\$140,000	111.1%	\$140,000
NET SURPLUS / DEFICIT	\$21,858	(\$5,100)	\$1,650	\$18,907	\$6,832		\$18,256

: Related meeting expense is included with this report to more accurately portray program expense to revenue received; the amount shown includes travel, accommodation, and per diem projections.

: Meetings for chalk grading have been split out from DAT committee expense to assist with internal audit procedure.

CANADIAN DENTAL ASSOCIATION

1986 BUDGET PROJECTIONS

PROPERTY MANAGEMENT

	Prior Yr Actuals	Current Yr Budget	Adjusted '85 Budget	6 MTH Actuals	1986 Budget	86 Bud/ Adj Bud	1987 Projected
PROPERTY MANAGEMENT							
Dep'n Expense — Bldg	\$47,409	\$60,800	\$60,000	\$26,345	\$60,000	100.0%	\$62,400
Insurance — Building	\$4,075	\$5,280	\$4,500	\$2,136	\$5,000	111.1%	\$5,200
Light, Heat & Water	\$42,299	\$52,800	\$49,000	\$23,521	\$51,000	104.1%	\$53,040
Mortgage Interest	\$49,995	\$72,000	\$60,000	\$19,121	\$60,000	100.0%	\$62,400
Realty Tax	\$46,546	\$52,800	\$49,400	\$31,396	\$53,000	107.3%	\$55,120
Build Main / Labour	\$10,569	\$12,000	\$13,000	\$6,392	\$13,700	105.4%	\$14,248
Build Main / Security	\$1,705	\$3,510	\$1,800		\$1,900	105.6%	\$1,976
Grounds Maintenance	\$9,169	\$8,470	\$10,000	\$4,275	\$10,500	105.0%	\$10,920
Build Main / Supplies	\$3,911	\$4,400	\$4,400	\$2,732	\$4,700	106.8%	\$4,888
Large Equipment Maintenance	\$14,947	\$18,150	\$14,000	\$9,993	\$14,800	105.7%	\$15,392
Miscellaneous	\$885	\$1,650	\$1,650	\$1,648	\$1,000	60.6%	\$1,040
Fire Inspection Charges	\$397	\$825	\$450	\$307	\$450	100.0%	\$468
Plumbing & Electrical Charges	\$1,399	\$1,375	\$1,375	\$859	\$1,500	109.1%	\$1,560
Renovations	\$7,960	\$5,000	\$13,354	\$5,354	\$6,000	44.9%	\$6,240
TOTAL	\$241,266	\$299,060	\$282,929	\$134,079	\$283,550	100.2%	\$294,892

LEASING AGREEMENTS

TENANT	SQ. FT.	SQ. FT. \$	INCOME PER YR	EXPIRES
Can. Pharm. Assoc. / 101	5110	\$14	\$71,540	Apr 30/86
Ottawa Dent. Soc. / 100A	108	\$8	\$900	Monthly
Red Cross Soc. / 103	918	\$14	\$12,852	Jul 31/87
Mont Ste Marie / 201	2641	\$14	\$36,974	Nov 30/85
Fed. Med. Women / 201A	153	\$12	\$1,836	Nov 30/85
Clendenning / 205	210	\$12	\$2,520	Nov. 30/86
Can. Council Hosp. Accred. / 206	2979	\$14	\$41,706	Nov 30/89

AUDITORS' REPORT

The Board of Governors
Canadian Dental Association

We have examined the statement of receipts and disbursements for the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1984. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, this statement of receipts and disbursements presents fairly all of the receipts and disbursements related to the Canadian Dental Association, Canadian Dentists Insurance Program for the year ended December 31, 1984.

TORONTO, CANADA

Chartered Accountants

CANADIAN DENTAL ASSOCIATION
CANADIAN DENTISTS INSURANCE PROGRAM
STATEMENT OF RECEIPTS AND DISBURSEMENTS
FOR THE YEAR ENDED DECEMBER 31, 1984

Receipts

Gross premiums, net of recorded refunds (Note 2)	\$12,737,697
Unrecorded premium refunds	<u>(4,919)</u>
	<u>12,732,778</u>

Disbursements

Net insurance premiums (Note 2)	11,910,686
Fees to outside administrators (Note 3)	61,173
Unallocated disbursements	<u>27,437</u>
	<u>11,999,296</u>

Excess of receipts over disbursements	733,482
Cash in bank at beginning of year	<u>4,177,922</u>
	4,911,404

Transfer of cash to general bank account (Note 4)	<u>(1,538,889)</u>
Cash in bank at end of year	<u><u>\$ 3,372,515</u></u>

Approved on behalf of the Board:

CANADIAN DENTAL ASSOCIATION
CANADIAN DENTISTS INSURANCE PROGRAM
NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS
FOR THE YEAR ENDED DECEMBER 31, 1984

1. Statement of Receipts and Disbursements

The statement of receipts and disbursements includes only those receipts and disbursements of the Canadian Dentists Insurance Program. Other transactions of the Canadian Dental Association are not included in this statement.

2(a) Reconciliation of net insurance premiums to gross premiums

Total net insurance premiums per financial statement	\$11,910,686
Net premiums received in current year but not paid until following year	4,341
Net premiums paid in current year in respect of the previous year	<u>(868,240)</u>
	11,046,787
Multiplied by a factor of 115%	<u>x 1.15</u>
	12,703,805
Premiums in respect of current year received in previous year	(1,716,700)
Premiums in respect of following year received in current year	<u>1,750,592</u>
Total gross premiums per financial statements	<u><u>\$12,737,697</u></u>

(b) Reconciliation of Gross Premiums Net of Refunds on a cash basis to Gross CDIP Premiums per CDSPI annual financial statements for the year ended December 31, 1984 on an accrual basis:

Gross premiums net of refunds on a cash basis	\$12,737,697
Premiums in respect of the current year received in previous year	1,716,700
Premiums in respect of the following year received and paid in the current year	(1,750,592)
Premiums in respect of the following year received and not paid in the current year	<u>(4,993)</u>
Gross CDIP per CDSPI on accrual basis	<u><u>\$12,698,812</u></u>

CANADIAN DENTAL ASSOCIATION
CANADIAN DENTISTS INSURANCE PROGRAM
NOTES TO STATEMENT OF RECEIPTS AND DISBURSEMENTS
FOR THE YEAR ENDED DECEMBER 31, 1984

Page two

3. Administration Agreement

Canadian Dental Association, Canadian Dental Service Plans Inc., Reed Stenhouse Associates Limited and Reed Stenhouse Limited entered into a three year administration agreement expiring December 31, 1983. During the year fees were paid based on 1983 premiums as follows:

Administration fees paid in 1984, in respect of 1983 premiums \$1,063,974 x 5.75%	\$ 61,173
---	-----------

4. Transfer of cash to general bank account

1983 premiums \$1,063,974 x 9.25%	\$ 98,416
1984 premiums \$11,042,446 x 15%	1,656,367
Less payable December 31, 1984	(215,894)
	<u>\$1,538,889</u>

APPENDIX C

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

FINANCIAL STATEMENTS

Year ended May 31, 1985

Auditors' Report	Page 1
Statement of Financial Position	2
Statement of Income	3 to 4
Statement of Changes in Net Assets	5
Investment Portfolios	6 to 10
Notes to Financial Statements	11 to 12

Clarke
Henning
& Co.

Chartered Accountants

44 Victoria Street
Toronto, Ontario
Canada M5C 1Y3
Tel (416) 364-4421



AUDITORS' REPORT

TO THE BOARD OF DIRECTORS OF THE CANADIAN DENTAL ASSOCIATION
TRUSTEES FOR THE PARTICIPANTS IN THE CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

We have examined the statement of financial position and investment portfolios of the Canadian Dental Association Retirement Savings Plan as at May 31, 1985 and the statements of income and changes in net assets for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests and other procedures as we considered necessary in the circumstances.

In our opinion, these financial statements present fairly the financial position and investment portfolios of the Plan as at May 31, 1985 and the results of its operations and the changes in its net assets for the year then ended in accordance with generally accepted accounting principles applied on a basis consistent with that of the preceding period.

Clarke Henning & Co.
CHARTERED ACCOUNTANTS

Toronto, Ontario
June 20, 1985

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN
STATEMENT OF FINANCIAL POSITION

As at May 31, 1985

	1985	1984
ASSETS		
Fixed income fund		
Investments, at market value		
Bond fund units	\$ 8,275,014	\$ 7,582,389
Mortgage fund units	2,600,491	2,526,520
Bonds	375,025	-
Cash and short-term deposits	943,333	(147,195)
Accrued income	12,117	-
	<u>12,205,980</u>	<u>9,961,714</u>
Common stock (equity) fund		
Investments, at market value		
Common stocks	18,658,002	14,885,964
Cash and short-term deposits	657,140	1,586,213
Accrued income	67,253	71,841
	<u>19,382,395</u>	<u>16,544,018</u>
Money market fund		
Investments, at market value		
Money market fund units	11,141,044	9,376,302
Bonds	-	800,000
Cash and short-term deposits	(60,919)	215,017
Accrued income	-	23,002
	<u>11,080,125</u>	<u>10,414,321</u>
Balanced fund		
Investments, at market value		
Diversified fund units	2,164,739	1,577,864
Cash and short-term deposits	95,526	206,867
Accrued income	433	1,092
	<u>2,260,698</u>	<u>1,785,823</u>
Guaranteed fund		
Investments certificates of The Imperial Life Assurance Company of Canada	792,530	-
Accrued interest	17,599	-
	<u>810,129</u>	<u>-</u>
Total assets of the plan	<u><u>\$45,739,327</u></u>	<u><u>\$38,705,876</u></u>

Approved on behalf of Canadian Dental Association:

_____, Governor

_____, Governor

	1985	1984
PARTICIPANTS' INTEREST		
Fixed income fund	\$12,205,980	\$ 9,961,714
Common stock (equity) fund	19,382,395	16,544,018
Money market fund	11,080,125	10,414,321
Balanced fund	2,260,698	1,785,823
Guaranteed fund	810,129	-
Total participants' interest	<u>\$45,739,327</u>	<u>\$38,705,876</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME

Year ended May 31, 1985

	1985	1984
Fixed income fund		
Income		
Interest - Bonds	\$ -	\$ 164,897
- Mortgages	-	92,630
- Cash and short-term deposits	16,110	33,729
Profit on sale of investments	<u>179,754</u>	<u>61,795</u>
	195,864	353,051
Expenses		
Administration fees	53,987	61,849
Other	<u>2,157</u>	<u>10,251</u>
	56,144	72,100
Net Income	<u><u>139,720</u></u>	<u><u>280,951</u></u>
Common stock (equity) fund		
Income		
Dividends	529,381	629,614
Interest - Bonds and debentures	-	61,144
- Cash and short-term deposits	194,252	210,622
Profit on sale of investments	<u>812,792</u>	<u>61,991</u>
	1,536,425	963,371
Expenses		
Administration fees	87,587	106,534
Other	<u>3,531</u>	<u>17,761</u>
	91,118	124,295
Net Income	<u><u>1,445,307</u></u>	<u><u>839,076</u></u>
Money market fund		
Income		
Interest - Bonds	30,448	325,560
- Cash and short-term deposits	35,622	39,021
Profit on sale of investments	<u>32,783</u>	<u>24,442</u>
	98,853	389,023
Expenses		
Administration fees	56,212	63,413
Other	<u>2,252</u>	<u>10,248</u>
	58,464	73,661
Net Income	<u><u>\$ 40,389</u></u>	<u><u>\$ 315,362</u></u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

STATEMENT OF INCOME

Year ended May 31, 1985

	1985	1984
Balanced fund		
Income		
Dividends	\$ -	\$ 3,731
Interest - Bonds	-	5,926
- Mortgages	-	10,057
- Cash and short-term deposits	7,598	9,435
Profit on sale of investments	<u>6,651</u>	<u>24,599</u>
	14,249	53,748
Expenses		
Administration fees	10,148	8,381
Other	<u>406</u>	<u>1,316</u>
	10,554	9,697
Net Income	<u><u>3,695</u></u>	<u><u>44,051</u></u>
Guaranteed fund		
Interest income	<u><u>\$ 17,599</u></u>	<u><u>\$ -</u></u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

STATEMENT OF CHANGES IN NET ASSETS

Year ended May 31, 1985

	1985	1984
Fixed income fund		
Net deposits (redemptions)	\$ 261,802	\$ (286,040)
Net income	139,720	280,951
Change in market value of investments	<u>1,842,744</u>	<u>548,433</u>
Increase in net assets	2,244,266	543,344
Net assets at beginning of period, at market value	9,961,714	9,418,370
Net assets at end of period, at market value	<u><u>12,205,980</u></u>	<u><u>9,961,714</u></u>
Unit value	<u>45.71355</u>	<u>37.98317</u>
Common stock (equity) fund		
Net redemptions	(1,881,169)	(190,360)
Net income	1,445,307	839,076
Change in market value of investments	<u>3,274,239</u>	<u>791,636</u>
Increase in net assets	2,838,377	1,440,352
Net assets at beginning of period, at market value	16,544,018	15,103,666
Net assets at end of period, at market value	<u><u>19,382,395</u></u>	<u><u>16,544,018</u></u>
Unit value	<u>95.29689</u>	<u>72.66692</u>
Money market fund		
Net redemptions	(516,567)	(350,332)
Net income	40,389	315,362
Change in market value of investments	<u>1,141,982</u>	<u>777,861</u>
Increase in net assets	665,804	742,891
Net assets at beginning of period, at market value	10,414,321	9,671,430
Net assets at end of period, at market value	<u><u>11,080,125</u></u>	<u><u>10,414,321</u></u>
Unit value	<u>31.76951</u>	<u>28.57212</u>
Balanced fund		
Net deposits	30,955	554,269
Net income	3,695	44,051
Change in market value of investments	<u>440,225</u>	<u>71,397</u>
Increase in net assets	474,875	669,717
Net assets at beginning of period, at market value	1,785,823	1,116,106
Net assets at end of period, at market value	<u><u>2,260,698</u></u>	<u><u>1,785,823</u></u>
Unit value	<u>18.65581</u>	<u>14.98890</u>
Guaranteed fund		
Net deposits	792,530	-
Interest income	17,599	-
Net assets at end of period	<u><u>\$ 810,129</u></u>	<u><u>\$ -</u></u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1985

FIXED INCOME FUND

Units	No. of Units Par Value	Average Cost	Market Value
The Imperial Life Assurance Company of of Canada Pooled Bond Fund Units	125,261	\$ 6,485,383	\$ 8,275,014
The Imperial Life Assurance Company of of Canada Pooled Mortgage Fund Units	51,964	<u>2,052,747</u> 8,538,130	<u>2,600,491</u> 10,875,505
Bonds			
Government of Canada March 1, 1994 - 12%	350,000	349,125	375,025
		<u>\$ 8,887,255</u>	<u>\$11,250,530</u>

COMMON STOCK (EQUITY) FUND

Canadian Equities	No. of Shares	Average Cost	Market Value
Communications and Media			
Astral Bellevue Pathe Inc. Class B	2,000	10,160	11,250
Astral Bellevue Pathe Inc. Class A	40,000	242,000	225,000
Thompson Newspapers Class A	26,100	325,758	557,888
		<u>577,918</u>	<u>794,138</u>
Consumer Products			
Magna International Inc. Class A	14,200	168,270	266,250
Nabisco Brands Ltd.	11,100	259,908	288,600
Seagram Ltd.	16,500	362,678	959,062
George Weston Ltd.	10,000	551,000	865,000
		<u>1,341,856</u>	<u>2,378,912</u>
Financial Services			
Bank of British Columbia	9,892	\$ 139,246	56,879
Bank of Nova Scotia	21,800	312,729	288,850
Canada Trustco Mortgage Company	13,400	310,020	499,150
Canadian Imperial Bank of Commerce	18,600	565,068	641,700
Canadian Imperial Bank of Commerce warrants	9,300	20,832	44,640
Power Financial Corporation	12,200	333,975	327,875
Toronto-Dominion Bank	31,430	334,988	690,866
		<u>2,016,858</u>	<u>2,549,960</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1985

COMMON STOCK (EQUITY) FUND - Continued

Canadian Equities	No. of Shares	Average Cost	Market Value
Gold			
Echo Bay Mines	9,000	115,058	137,250
Lac Minerals Ltd.	4,900	186,328	137,200
		<u>301,386</u>	<u>274,450</u>
Industrial Products			
CIL Inc.	3,600	115,996	105,750
Ipsco Inc.	24,200	\$ 330,704	\$ 344,850
Mitel Corporation	4,500	40,179	44,437
Moore Corporation Ltd.	49,047	456,664	1,293,615
Northern Telecom Ltd.	9,300	474,215	481,275
Xerox Canada	6,200	123,452	134,850
Xerox Canada - warrants	11,200	29,690	40,880
		<u>1,570,900</u>	<u>2,445,657</u>
Merchandising			
Canadian Tire Ltd. Class A	34,000	405,560	335,750
		<u>405,560</u>	<u>335,750</u>
Metals and Minerals			
Alcan Aluminium Ltd.	5,300	132,315	179,538
Brunswick Mining & Smelthing	27,000	273,047	384,750
Teck Corporation Class B	5,800	71,514	78,300
		<u>476,876</u>	<u>642,588</u>
Oil and Gas			
Alberta Energy Co.	24,200	481,361	511,225
Gulf Canada Ltd.	37,000	587,756	693,750
Shell Canada Ltd. Class A	16,100	445,902	458,850
		<u>1,515,019</u>	<u>1,663,825</u>
Paper and Forest Products			
Consolidated Bathurst S-A	11,900	200,915	193,375
		<u>200,915</u>	<u>193,375</u>
Pipelines			
Interprovincial Pipelines	15,000	414,000	607,500
Transcanada Pipelines Ltd.	21,000	249,630	601,125
		<u>663,630</u>	<u>1,208,625</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1985

COMMON STOCK (EQUITY) FUND - Continued

Canadian Equities	No. of Shares	Average Cost	Market Value
Real Estate and Construction			
Campeau Corporation Common New	12,000	216,000	298,500
Campeau Corporation warrants 29 Aug. 86	6,000	17,728	30,750
Trizec Corporation Class A	17,900	378,558	451,975
Trizec Corporation Class B	12,700	272,404	325,950
		<u>884,690</u>	<u>1,107,175</u>
Transportation			
Laidlaw Transportation Ltd. Class A	108,000	253,416	1,539,000
		<u>253,416</u>	<u>1,539,000</u>
Utilities			
Bell Canada Enterprises Ltd.	10,000	194,186	431,250
Canadian Utilities Ltd. - Class B	800	13,664	14,800
Canadian Utilities Ltd. - Class A	16,400	271,684	307,500
Newfoundland Tel. Ltd.	43,000	433,158	731,000
Transalta Utilities Class A	9,652	145,232	256,985
		<u>1,057,924</u>	<u>1,741,535</u>
Total Canadian Equities (90.45%)		<u>11,266,948</u>	<u>16,874,990</u>
United States Equities			
Basic Industries			
Dow Chemical Company	1,600	69,566	74,572
		<u>69,566</u>	<u>74,572</u>
Capital Goods			
Research - Cottrell	1,000	27,917	29,472
Westinghouse Electric Corporation	6,600	189,401	312,131
		<u>217,318</u>	<u>341,603</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1985

COMMON STOCK (EQUITY) FUND - Continued

United States Equities	No. of Shares	Average Cost	Market Value
Capital Goods - Technology			
Boeing Company	3,600	211,820	328,170
Computervision Corporation	1,800	106,250	34,852
		<u>318,070</u>	<u>363,022</u>
Consumer Cyclical			
General Motors Corporation - Class E	30	-	3,167
General Motors Corporation	600	49,768	58,910
Trans World Corporation	2,259	79,583	118,059
		<u>129,351</u>	<u>180,136</u>
Consumer Growth			
Johnson & Johnson	2,200	121,058	142,118
Merck & Company Inc.	400	47,892	59,561
Pepsico Inc.	700	30,363	55,894
		<u>199,313</u>	<u>257,573</u>
Credit Cyclical			
Owens Corning Fiberglas Corporation	2,000	107,803	96,299
		<u>107,803</u>	<u>96,299</u>
Defensive Consumer Staples			
Clorox Company	2,200	76,668	111,206
		<u>76,668</u>	<u>111,206</u>
Energy			
Amerada Hess	5,000	191,463	199,623
American Oakwood Energy Ltd.	44,000	-	11,000
		<u>191,463</u>	<u>210,623</u>
Financial			
American General Corporation Pfd. D	500	42,805	45,922
		<u>42,805</u>	<u>45,922</u>
Transportation			
IU International Corporation	3,200	74,144	68,540
Sea-Land Corporation	1,200	38,391	33,516
		<u>112,535</u>	<u>102,056</u>
Total United States Equities (9.55%)		<u>1,464,892</u>	<u>1,783,012</u>
Total Common Stocks (100.00%)		<u>\$12,731,840</u>	<u>\$18,658,002</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

INVESTMENT PORTFOLIOS

As at May 31, 1985

MONEY MARKET FUND

Units	No. of Units	Average Cost	Market Value
The Imperial Life Assurance Company of Canada Pooled Money Market Units	737,343	\$ 9,221,222	\$11,141,044
		<u>\$ 9,221,222</u>	<u>\$11,141,044</u>

BALANCED FUND

Units	No. of Units	Average Cost	Market Value
The Imperial Life Assurance Company of Canada Pooled Diversified Fund Units	62,482	\$ 1,686,897	\$ 2,164,739
		<u>\$ 1,686,897</u>	<u>\$ 2,164,739</u>

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

Year ended May 31, 1985

1. Summary of significant accounting policies

The financial statements have been prepared in accordance with accounting principles generally acceptable for pooled trust funds. A description of accounting policies of particular significance is as follows:

a) Investments

Investments are stated at market value, determined as follows:

- (i) Stocks listed on a recognized stock exchange valued at the closing sale prices.
- (ii) Bonds valued at their par value.
- (iii) Units of The Imperial Life Assurance Company of Canada are valued on the last business day of each week (effective July 1, 1984, prior to that date on the last business day of the month) by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

b) Valuation of units

Units are valued for the purposes of issue or redemption as at the close of business on the last business day of each week (effective April 1, 1985, to that date on the last business day of the month) by dividing the total number of units of the Fund then outstanding into the net assets of the Fund, being the fair market value in Canadian funds of assets less liabilities as at the same date.

c) Income

Dividends are recognized as income when declared. Interest income is accrued at the stated rate of the debt security.

d) Contributions, transfers, terminations

All contributions, transfers and terminations made by the participants of the plan have been accounted for on an accrual basis.

CANADIAN DENTAL ASSOCIATION
RETIREMENT SAVINGS PLAN
NOTES TO FINANCIAL STATEMENTS
Year ended May 31, 1985

1. Summary of significant accounting policies - continued

e) Foreign currency translation

Accounts in foreign currencies have been translated into Canadian dollars as follows:

- (i) current assets and current liabilities at the exchange rate prevailing at the Balance Sheet date;
- (ii) purchases and sales of investments and revenue and expenses at the rate of exchange prevailing on the respective dates of such transactions.

Gains or losses resulting from the translation of foreign currencies are included in income.

2. Comparative figures

The comparative figures for 1984 are for the fifteen months from March 1, 1983 to May 31, 1984.

HISTORICAL BACKGROUND: CORPORATE FEE STRUCTURE

Outlined below and in the Appendices is historical data relevant to the establishment of a "corporate levy" and a "licensing body service levy" for services rendered by the Canadian Dental Association.

Prior to 1975, when legislation required Ontario and Quebec to adopt a voluntary CDA membership status, there was only one levy or assessment for CDA membership services. With the introduction of voluntary membership in the two largest provinces, the principle was adopted that Corporate Bodies and the Licensing Authorities would submit a "negotiated" levy for services that benefitted all dentists in Canada and not just those who were members of the Canadian Dental Association.

The types of services which can be defined as benefitting all dentists in Canada are varied, but include at least the following: accreditation of dental educational facilities and institutional dental services; the collection of statistical data and the creation of briefs and position papers to the federal government; the CDA Resource Centre; the CDA Manpower Conference; National Dental Health Month; Dental Awareness Program; Taxation Committee (Continuing Education tax benefits, professional management company benefits, supplies/equipment excises and taxes); Canadian Standards for materials and devices; Third Party Dental Plans Committee and the recently formed Government Relations Committee and their associated liaison initiatives.

Documentation is attached which outlines the development of the \$8.00 Corporate and the \$5.00 Licensing Authority assessment. It will be noted that no change has taken place since 1977 and thus it is the concern of Executive Council that re-negotiation should take place. Executive Council believes that it is timely that a fair and equitable increase should be considered for the year 1987.

APPENDIX 1

The Corporate Bodies are being requested to increase their Corporate Fee from the present \$8.00 to \$10.00 per member. This would increase revenue from this source to approximately \$93,000 from \$82,500. It is clear that the period since 1977 has been highly inflationary and that an overall increase of 25% is reasonable. The scope of CDA activity and financial support for activities benefitting all dentists in Canada has increased tremendously since 1977. The 1977 CDA budget totalled \$918,330 while the 1985 proposed budget totals \$2,938,000 - approximately a 200% increase. CDA's increased level of financial commitment has not been matched by a corresponding increase in the corporate grant and the proposed increase helps to correct this.

The \$5.00 grant from Licensing Authorities has traditionally been considered as a contribution in support of the CDA Accreditation process. An increase from \$5.00 to \$10.00 per member from the Licensing Authorities is being requested to ensure that a continuing broad base of financial support is available for the Accreditation process. Accreditation of our education and hospital services has often been referred to as our "Sacred Trust" and it is our obligation to the public to ensure that Canadian standards in these areas remain among the best in the world. Once again, CDA can point to increased levels of activity and associated increased costs. The attached outline of expenses related to accreditation activities in the 1986 fiscal year illustrates that at least \$290,000 is currently committed in support of the accreditation processes. No attempt has been made to calculate indirect costs such as rental of space, telephone or general overhead. Currently, grants from Licensing Bodies total \$78,000 (including a \$15,000 grant from the NDEB). If the licensing fee grant were increased from \$5.00 to \$10.00, supporting revenue would be doubled and the contributions of the Canadian Dental Association and the Licensing Authorities would be more closely balanced. The CDA Board has been supportive of the development of a council and committee structure for the accreditation process which will permit the fullest participation and involvement of the Licensing Bodies and the NDEB and believes that the informal partnership involved in the accreditation process will be strengthened by the increased grants which are requested.

APPENDIX 2

APPENDIX 3

August 19, 1985

Attach.

CANADIAN DENTAL ASSOCIATION
CORPORATE FEE STRUCTURE

1975 - Special Meeting of Board of Governors Mar./75 — it was

RESOLVED that the Board accept the principles
of a fee for corporate membership in CDA.

In the 1974 Executive Report to the Board of Governors discussion took place on the funding of Accreditation Programs and it was resolved that the provincial dental licensing authorities be requested to assist in the funding of the CDA accreditation program, and that commencing in January, 1975, they be assessed an annual service fee of \$2 per licensed dentist in return for accreditation evaluations of Canadian undergraduate dental, dental hygiene and dental assisting programs, and graduate and postgraduate programs in CDA - recognized specialties.

1975 - Treasurers Report to the Board of Governors — it was suggested that the Board approve a corporate membership fee of \$10 based on per capita membership of that corporate member, effective January 1, 1976.

THIS WAS DEFEATED: and the following Resolutions were substituted.

1975 - Executive Report to the Board of Governors — members were advised that the Board's directive of an annual service fee of \$2.00 per licensed dentist to assist in defraying the costs of the accreditation program was conveyed to the corporate members by the President. (1974 Transactions Page 45)

RESOLVED that corporate members will be requested to assume responsibility for the difference of the licensing body service fee when the fees paid by the licensing body for services rendered are less in total than \$10.00 per individual dentist member of the Corporate member.

CDA Journal reported on this Special Board.

1977 - In September 1977 Budget Statement of Revenue,
Corporate fees are shown for 1978 as:

\$8.00 corporate fee (member services)
\$2.00 accreditation

Corporate Fee Structure - 2 -

1977 - Accreditation Conference Report suggested some type of mutually agreeable figure for licensing bodies - increase from \$2.00. Felt that the fee should be levied at the licensing board level so that every dentist in Canada would be contributing, rather than from the corporate fee. Thus because not every dentist is a member of CDA, he would still be helping to finance accreditation through his licensing board.

1977 - ACFD - House of Delegates - approved that the financing of the accreditation program should be the responsibility essentially, of those who derive the benefits of the fundamental purpose of it. Thus the Canadian Dental Association should be urged to seek financial support through the provincial dental licensing authorities, etc.

1977 - Executive Report to the Board of Governors - it was RESOLVED that the licensing bodies be asked to pay an additional \$3.00 per licensed dentist for purposes of accreditation.

The Provincial Boards supported this increase.

This resolution provided for \$5.00 per licensed dentist for accreditation and \$8.00 for corporate member services.

1977 - Canadian Dental Hygienists' Association - recognizes the increased demands being placed upon the Canadian Dental Association in the area of accreditation and offers the following specific recommendations for consideration.

1. That membership in the Council on Education provide for voting representation from the auxiliary groups recognized by the C.D.A. (Currently such representatives are "Observers" to the Council on Education)
2. That consideration be given to finding additional sources of funding to assist meeting the increased costs of accreditation. (The C.D.H.A. would be willing to make a financial contribution commensurate with our ability to do so.)

1978 - Executive Report to the Board of Governors

recommended that there be no increase in fees for Corporate members at this time.

1978 - Management Committee Report to the Board of Governors

forecast the 1979 Corporate Fees at \$13.00 per licensed dentist.



PRESIDENT'S COLUMN

by Dr. Ralph Crawford

THE SACRED TRUST

The month of May traditionally is the month of graduation. Approximately five hundred young men and women from our 10 Canadian dental colleges will convocate at graduation ceremonies and take their rightful, well-earned place, in society. It is a privileged role — only .05 per cent, 13,000 people — can rightfully call themselves "dentists" in all of Canada. This privileged role is but a portion of a series of Trusts — a Trust that began long before their dream of dental graduation — and a Trust that remains within them all their years as a professional.

The Canadian Dental Association, working intimately with the educators in our dental colleges, is a major shareholder in the Trust. Since 1950, when the CDA Council on Dental Education appointed a survey committee to examine and report on the then five colleges in Canada, the Association has provided an accreditation process. Such a process, (as defined by Woods in 1976), is "designed to maintain predetermined national standards and to ensure uniform, probably portable, qualifications for graduates."

Today, the Council on Education and Accreditation, and its sister Council on Hospital and Institutional Services, continues that constant process of Trust. These Councils accredit all undergraduate, graduate and post-graduate programs; dental hygiene and dental assisting courses; dental internship and residence, and hospital institutional services. The system is secure. It is complex and strenuous, but certainly not static. It is an evolving process.

A major step was taken in 1984 with the establishment of a Joint Advisory Committee to provide the necessary "link-ups" between the two councils, in order that similar concerns and causes were properly addressed. Recently, at the 1985 Interim Board of Governors meeting, another "first" was attained. The Board approved the appointment of a lay representative — a consumer representative — to the 17-member Council on Education and Accreditation.

The Trust too, is ever so intricately entwined with the law-makers of the nation. Our legislators have the Trust that the rights — the health and well-being of the citizens of Canada — are protected. These law-makers in turn, grant to provincial licensing authorities, by means of Dental Acts, the mechanisms whereby practising dentists provide professional care "within the bounds of the law."

It is to be hoped that the law-makers, in upholding their Trust, will never cease to seek the advice and the opinion of the dental profession. Arbitrary decisions of political expediency never further the cause of any Trust.

The Trust must continue into the dental office. The dentist, a professional, is the extension of generations of dedication and knowledge. The professional obligation never ends at the convocation. The dentist, on graduation, or the dentist of senior years, must forever be the student. No dentist should have to be coaxed out to continuing education meetings, nor should he have to be exhorted to participate in association affairs. The dentist is entrusted with the obligation of enhancement — the enhancement of that which our dental forefathers passed down.

Finally, the public, whom we serve, also have a Trust. Every human being, in their growth and development, has been given at the outset, a dentition, that in the plan of the Creator, should last a lifetime. Our patients, and that 47 per cent of Canadians who are not regular patients, have a responsibility too — a Trust — to do all that is possible and practical to maintain oral health.

Thus, the task is all-encompassing, from educator to student, to dentist, to association, to legislator, to patient. It is a Trust — a sacred Trust. It is Dental Health — Good for Life.

"It is not fit that the public Trusts should be lodged in the hands of any, till they are first proved and found fit for the business they are to be entrusted with." Matthew Henry (1662-1714).

EXPENSES RELATED TO ACCREDITATION 1986

Council on Education and Accreditation	56,671.00
Educational Accreditation Surveys	81,900.00
Council Hospital and Institutional Services	28,817.00
Hospital Surveys	8,280.00
Administration and Staff Support	91,000.00
Related Benefits	16,198.00
Directly related costs of supplies and mailing	<u>7,000.00</u>
TOTAL	\$289,866.00

Aug. 19, 1985

APPENDIX E

PYE & RICHARDS ARCHITECTS SUITE 401 CARLING SQUARE 560 ROCHESTER ST OTTAWA K1S 4M2 ONTARIO 1-613-236-8801

28 May 1985

RECEIVED MAY 29 1985

Canadian Dental Association,
1815 Alta Vista Drive,
Ottawa, Ontario.
K1G 3Y6

ATTENTION: Mrs. Jean Scrimger

Dear Jean:

Re: Canadian Dental Association
Proposed Parking Area Expansion & Repairs

Further to our discussion related to the above project, we have prepared the attached schedule of costs based upon the following criteria:

(a) Expansion of the outdoor parking has been assessed using the attached Drawing SF-1 which we prepared in August 1984. In addition to the construction of the new area, we have included for resurfacing the existing asphalt as well as new curbs along the north property edge.

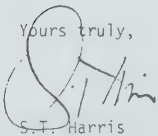
You will note there is considerable expense in constructing retaining walls along the east edge of the proposed parking abutting the creek. These costs could be reduced by installing a culvert pipe in the creek bed and sloping the new grades over it. However, this alternate would necessitate the removal of more trees, which may be objectionable both to yourselves and the N.C.C. The estimated savings is \$8,000.00.

(b) The cost associated with resurfacing the indoor parking area is based upon removal of the existing asphaltic topping, miscellaneous slab repairs and reinstallation of a similar type of bituminous traffic surface.

Should the work proceed as detailed, our fee to prepare tender documents, invite and award tenders and supervise construction, would be an amount equal to ten percent of the total construction value.

We trust this information will be beneficial in evaluating the proposal and await your further instructions.

Yours truly,



S. J. Harris

Encl.

Canadian Dental Association
Proposed Parking Area Expansion & Repairs
BUDGET ESTIMATE

1. Remove existing trees and garbage enclosure.....	\$ 1,500.00
2. Provide temporary creek diversion.....	\$ 1,000.00
3. Excavate and install retaining walls.....	\$16,000.00
4. Backfill and compacted sub-grade.....	\$ 6,000.00
5. Curbs and pavement, reinstall garbage enclosure.....	\$10,500.00
6. Landscaping repairs.....	\$ 500.00
7. Lighting.....	\$ 2,000.00
8. Resurface (traffic topping) indoor garage.....	\$30,000.00
9. Permits, fees, bonding, supervision.....	\$ 5,000.00
10. Overhead and profit.....	<u>\$10,000.00</u>
Total.....	<u>\$82,500.00</u>

NOTE: Approved with total adjusted figure of \$60,000. - See Motion 85.41

S.T. Harris
Pye & Richards Architects
28 May 1985

MEMORANDUM

May 22, 1985

TO: Chief Executive Officers -
Corporate Members

FROM: Sandra Deziel, Executive Assistant

RE: FDI Meeting 1993 - Site Selection - Canada

Enclosed is a copy of the procedure that will be followed for those cities in Canada who wish to be considered as the site identified in the application for the FDI Congress in 1993.

The Board of Governors have not given final approval to submit a request that Canada be the location for the 1993 FDI Congress. However, the Board has received information that two cities - Montreal and Vancouver - would like to be considered as the site in the event that the Board does submit an application to the FDI.

If cities in your geographic area wish to make a proposal to the Executive Council on July 5, please notify CDA Headquarters as soon as possible.

A handwritten signature in cursive script, reading "Sandra Deziel".



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

May 22, 1985

Mr. K.L. Croft,
Managing Director,
College of Dental Surgeons of B.C.,
1125 West 8th Avenue
Vancouver, B.C.
V6H 3N4

Dear Mr. Croft:

Re: FDI Meeting 1993
Site Selection - Canada

The Canadian Dental Association Board of Governors has displayed an interest in hosting the FDI Meeting in 1993. Two potential sites - Montreal and Vancouver - have been suggested. The Board has expressed concern that no financial loss for the CDA should be anticipated.

To finalize the site selection and to provide financial information to the Board, the Executive Council has established the following procedure:

(a) Application Procedure

- proposals for site selection must be in writing and must be received at CDA Headquarters by 9:00 a.m. - July 5, 1985. Written proposals must be in a sealed package with the name of the city, and the person or group responsible for the application clearly marked on the outside. Further consideration of a site cannot occur if the above requirements are not met.
- twelve copies of the proposal are required. Additional copies may be required at a later date for the Board of Governors meeting.

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- a time period of twenty minutes for each proposal will be available for personal presentation at the Executive Council meeting on July 5, 1985. No audio visual presentation will be permitted. A ten minute question period will follow. Applicants must inform the CDA Headquarters of their intent to present their proposal prior to July 3, 1985.

(b) Content of Proposals

- each proposal must include the following information:
 - site information that satisfies the space requirements specified by the FDI (Congress Criteria enclosed)
 - hotel accommodation available including number of rooms, cost range (i.e. luxury, moderate, etc.), location relative to congress centre, etc.
 - anticipated attendance at the FDI meeting. Attendance data must show anticipated registrants from each country.
 - financial performance statement showing all anticipated revenue and expenses of the meeting. 1985 Canadian dollars should be used rather than trying to estimate 1993 values. If city or provincial financial support is available, these amounts should be identified separately in the revenue source. (Previous FDI meeting statements enclosed).
- the Executive Council encourages any additional information that may be of value.

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(c) Administrative Structure

- along with the proposal, a clearly defined administrative structure for planning and operational control of the meeting must be included.
- while the CDA is the only entity which can sponsor an FDI meeting, it is anticipated that close working relationships with the dental community in the province of the selected site will occur. Please identify specifically the convention structure that CDA will be working with.

(d) Proposed Date of the FDI Meeting

- this international meeting usually occurs between mid-August and mid-October. Dates outside of these parameters have occurred but are not encouraged. Please state dates in order of priority that are available.

(e) Other Dental Meetings

- please include information relating to major dental conventions/meetings occurring in your province during 1993 that may have an impact on local or national attendance at the FDI Meeting.
- please identify if it is possible for your annual provincial meeting to not be held in 1993 or be held in conjunction with the FDI Meeting (with the revenue/expenses of the provincial meeting being included in the FDI master budget).

The Executive Council will review the proposals and then forward them to the Board of Governors with or without a recommendation. Final consideration of site selection will occur at the Annual Board Meeting, October 3-4, 1985 in Ottawa.

Following the presentation to the Executive Council on July 5, 1985, the Council may request supplementary information prior to consideration by the Board of Governors.

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- 4 -

If you require additional information, please contact
Linda Teteruck at the CDA Headquarters.

Sincerely yours,

A handwritten signature in cursive script, reading "Sandra Deziel". The signature is fluid and elegant, with a large, sweeping "S" and a distinct "Deziel" ending.

Sandra Deziel,
Executive Assistant



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

Le 22 mai 1985

Dr Claude Chicoine
4159 est, rue Belanger
Montreal, Que.
H1T 1A2

Objet : Congrès 1993 de la FDI au Canada - Choix
de la ville hôte

Cher Dr Chicoine,

Le Bureau des gouverneurs de l'Association dentaire canadienne s'est montré intéressé à accueillir en 1993 le congrès de la FDI. Deux endroits ont été suggérés pour la tenue de ces assises : Montréal et Vancouver. Par ailleurs, le Bureau a manifesté le désir que l'organisation de cet événement n'entraîne aucune perte financière pour l'ADC.

Pour fournir au Bureau l'information financière demandée et arrêter le choix de la ville hôte, le Conseil exécutif a établi les modalités suivantes.

a) Présentation de la demande

- Les propositions doivent être présentées par écrit au siège social de l'ADC avant 9 heures, le 5 juillet 1985. Chaque proposition sera présentée dans une enveloppe scellée, sur laquelle seront inscrits clairement le nom de la ville et celui de la personne ou de l'organisation qui la présente, à défaut de quoi la proposition ne sera pas examinée.
- Chaque proposition doit être présentée d'abord en douze exemplaires et les candidats doivent accepter, au besoin, d'en fournir d'autres ultérieurement pour l'assemblée du Bureau des gouverneurs.
- Les candidats auront vingt minutes pour présenter leur proposition au Conseil exécutif, à sa réunion du 5 juillet 1985. Suivra une période de questions

de dix minutes. Les présentations audio-visuelles, ou diaporamas, ne seront pas permises. Les candidats doivent faire connaître leurs intentions avant le 3 juillet 1985.

b) La proposition

- Chaque proposition doit donner l'information suivante:
 - renseignements sur le site - l'espace disponible doit répondre aux exigences de la FDI (ci-joint les critères établis pour le congrès);
 - hébergement - hôtels, nombre de chambres disponibles, prix par catégorie (chambres luxueuses, ordinaires, etc.), emplacement de l'hôtel par rapport à l'endroit où se déroulera le congrès, etc.;
 - participation prévue - les données doivent prévoir le nombre d'inscriptions pour chaque pays;
 - financement - prévisions du revenu et des dépenses du congrès, en dollars canadiens de 1985, plutôt qu'en dollars hypothétiques de 1993; s'il y a lieu, établir de façon distincte au chapitre du revenu la participation financière de la ville ou de la province (voir ci-joint l'état financier de congrès antérieurs).
- Le Conseil exécutif vous encourage à fournir tout autre renseignement que vous jugerez utile.

c) L'organisation

- La proposition doit décrire clairement l'organisation du congrès : administration et structure de planification et de contrôle des opérations.
- Bien qu'elle soit le seul organisme à pouvoir parafiner le congrès de la FDI, l'ADC s'attend à travailler en étroite collaboration avec le milieu dentaire de la province hôte. Veuillez indiquer de façon précise comment se feront les rapports entre l'ADC et l'organisation du congrès.

d) La date du congrès

- Le congrès de la FDI a lieu ordinairement entre la mi-août et la mi-octobre. Il est arrivé qu'il se soit tenu en d'autre temps, mais ce n'est pas la coutume. Veuillez indiquer, par ordre de préférence, les dates possibles.

e) Autres congrès ou réunions dentaires

- Veuillez inclure de l'information sur les congrès ou les principales réunions dentaires qui doivent avoir lieu dans votre province en 1993 et qui pourraient avoir une incidence sur la participation, locale ou nationale, au congrès de la FDI.
- Veuillez indiquer s'il est possible de ne pas tenir votre congrès provincial annuel en 1993 ou de le tenir de concert avec celui de la FDI (joignant le financement du congrès provincial au budget principal du congrès de la FDI).

Après les avoir examinées, le Conseil exécutif fera parvenir les propositions au Bureau des gouverneurs en y joignant la recommandation appropriée. C'est au moment de l'assemblée annuelle du Bureau, qui aura lieu les 3 et 4 octobre 1985, à Ottawa, que se prendra la décision.

Il est possible qu'après la présentation du 5 juillet 1985, le Conseil exécutif demande des renseignements supplémentaires avant de soumettre le tout à l'examen du Bureau des gouverneurs.

Si vous avez besoin de plus amples renseignements, veuillez vous adresser à M^{me} Linda Teteruck, au siège social de l'ADC.

Veuillez agréer l'expression de mes meilleurs sentiments.

L'adjointe du directeur général,



Sandra Deziel



COLLEGE OF DENTAL SURGEONS OF BRITISH COLUMBIA

1125 West Eighth Avenue, Vancouver, B.C. V6H 3N4

Area Code 604 - 736-3621

June 28, 1985

Executive Council
Canadian Dental Association

Gentlemen:

The College of Dental Surgeons is keen to assist the Canadian Dental Association in hosting the Federation Dentaire Internationale meeting in 1993 in Vancouver - Canada's third largest and most beautiful city.

People are still talking about the most successful Canadian Dental Association convention in recent memory - organized and hosted by British Columbia dentists in Vancouver in 1983. As in earlier years, the College willingly set aside its own annual convention in favour of the national meeting. Again in 1993, we would cancel our provincial meeting to devote full attention to an FDI congress.

The College has set out on a course to improve its conventions. A professional congress organizer recently joined our permanent staff; she has the expertise to deal successfully with meetings of provincial, national or international scope. An international congress in Vancouver in 1993 would fit well into our growing capabilities in this specialized field of convention planning and organization.

Welcome to Vancouver - in 1993.

Yours very truly,

Kenneth L. Croft
Managing Director

PROPOSED BUDGET FOR FDI ANNUAL WORLD DENTAL CONGRESS

REVENUE	(U.S. \$)	(U.S. \$)
Exhibits (150 booths @ \$1,000)	150,000	
Registrations (3800 @ \$245.00)	931,000	
Daily Registrants (500 @ \$75/day)	37,500	
Cancellation Fees (50 @ 10% of \$225 (1125)) (15 @ 20% of \$225 (675))	1,800	
Bank Interest	<u>2,000</u>	
Total Revenue	1,122,300	
Total Expenditure	<u>1,104,150</u>	
Projected Profit or (Loss)		18,150
<u>Additional Revenue Sources</u>		
Secretary of State recommended (50% cost of interpreters)	50,000	
Province and City Reception	20,000	
C.G.O.T.	3,000	
Program Advertisers (25 @ \$500)	<u>12,500</u>	
Total Additional Revenue		<u>85,500</u>
Total Projected Revenue		103,650

Note:

1. 50% of net revenue to FDI - \$51,825.00.

PROPOSED BUDGET FOR FDI ANNUAL WORLD DENTAL CONGRESS

2

EXPENDITURE

(U.S. \$)

1. Rental of space for:	Scientific Program Opening Ceremony Registration Trade Show FDI Business Sessions FDI Offices	Complimentary
2. Interpretation:	3 teams of interpreters equipment (if no permanent installations available)	150,000
3. Administrative Exp.:	Rental offices for organizing committee Staff salaries (including professional fee, congress organizer) Furniture and equipment Computerization of enrolment forms Office supplies, stationery Postage and telephone Electricity, insurance, etc. Customs charges and freight	5,000 105,000 2,000 5,000 2,000 18,000 500 2,500
4. Registration/Reception:	Extra staff, stewards/hostesses, security Congress document cases and packing Congress badges Staff meals/refreshments Sign posting Transportation, VIP hospitality, flowers, etc.	15,000 20,000 8,000 3,000 5,000 15,000
5. Scientific Program:	Scientific Committee expenses Fares of invited speakers Per diem - 3 days for each invited speaker Audio visual aids Operators for technical equipment Table demonstrations	175,000 10,000 5,000 10,000
6. Organizing Committee:	Meeting expenses Attendance of Congress officers at preceding two Annual World Dental Congresses Committee travel for promotion	35,000 15,000 25,000
7. Printing:	Preliminary program and enrolment forms Posters Final program Dental Trade Show prospectus and catalogue Opening ceremony program Tickets for social events	10,000 5,000 25,000 5,000 2,000 3,000
8. Military Conference:	Cost of military visits and cocktail party if not offered by host military forces	10,000

PROPOSED BUDGET FOR FDI ANNUAL WORLD DENTAL CONGRESS

3

EXPENDITURE - Cont'd.		(U.S. \$)
9. Opening ceremony:	Flags, flowers, etc.	10,000
	Reception (if not sponsored by an official body or commercial firm)	87,500
10. Dental Trade Exhibition: (see separate list of expenses)		30,000
11. Social Program:	Speaker's Reception	25,000
	Cost of tickets for guests to Congress dinner/ball	
12. Ladies Program:	Administrative expenses	
	Small gift for ladies	9,000
	Ticket cost for fashion show or other entertainment	
13. Press Office:	Room rental	
	Public relations firm	
	Information, photographs, etc.	5,000
	Refreshments at press conference	
14. Hotel reservations:	Administrative costs for making reservations	2,000
15. Legal, banking, audit fees and insurance		5,000
16. 15% of enrolment fees due to the FDI (3800 @ \$245)		139,650
17. Contingencies @ 10%:	To meet costs of inflation and unforeseen expenses	<u>100,000</u>
Total Projected Expenditure		\$1,104,150

Note:

1. In principle, all social events should be self-supporting and the price of tickets fixed with this in mind.
2. Bridge promotional financing supported by a provincial advance until registration and exhibit fees received.
3. This Budget is subject to discussion with FDI Headquarters.

PROJECTED ATTENDANCE

<u>Country</u>	<u>Vancouver 1993</u>	<u>Country</u>	<u>Vancouver 1993</u>
Algeria	1	Haiti	2
Angola		Honduras	
Argentina	10	Hong Kong	20
Australia	100	Hungary	
Austria	120		
		Iceland	2
Bahrain	2	India	5
Bahamas		Indonesia	15
Belgium	10	Iran	55
Bolivia		Iraq	5
Botswana		Ireland	2
Brazil	10	Israel	75
Bulgaria		Italy	10
Burundi		Ivory Coast	
		Jamaica	
Camaroun		Japan	400
Canada	1200	Jordan	6
Chile	6		
China	6	Kenya	3
Columbia	6	Korea	50
Congo		Kuwait	10
Costa Rica			
Cuba		Lebanon	
Cyrus		Liberia	
Czechoslovakia	2	Libya	
		Luxembourg	
Denmark	20		
Dominican Republic		Madagascar	
		Malaysia	10
Equador		Malawi	
Egypt	15	Malta	
El Salvador		Mauritius	
		Mexico	30
Finland	100	Monaco	
France	125	Morocco	
Gabon		Netherlands	75
Gambia		New Zealand	50
German Democratic		Nicaragua	
Republic	6	Niger	
German Federal		Nigeria	5
Republic	450	Norway	50
Ghana			
Greece	15	Pakistan	
Guatemala		Panama	
Guinea-Bissau		Papua New Guinea	
Guyana	298		

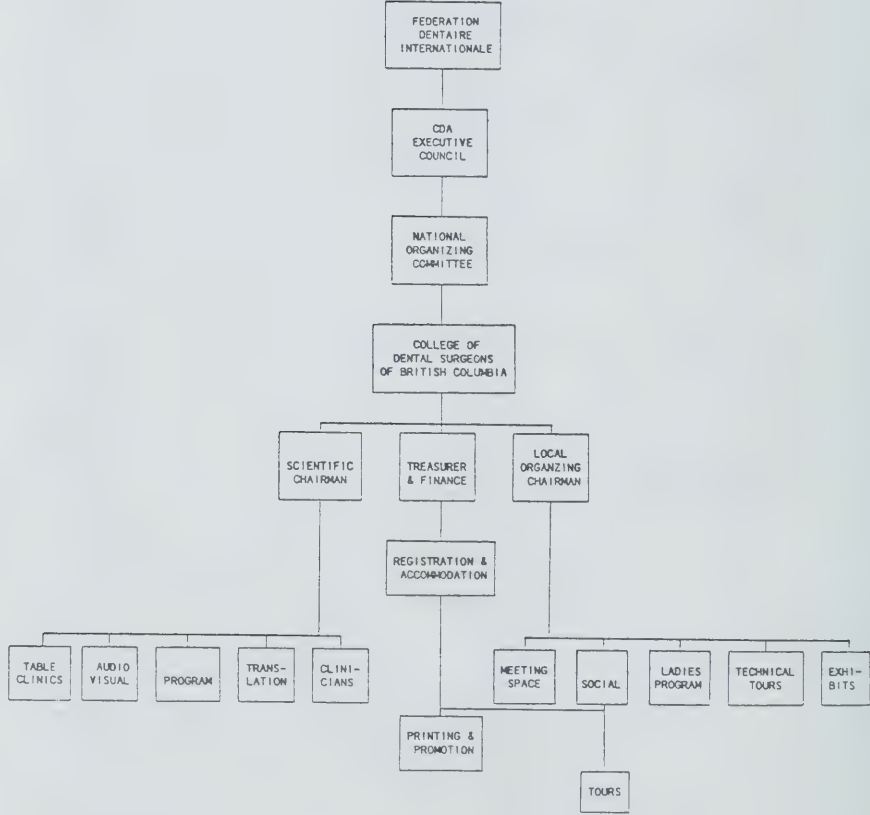
PROJECTED ATTENDANCE

2

<u>Country</u>	<u>Vancouver 1993</u>
Paraguay	
Peru	3
Phillippines	15
Poland	
Portugal	5
Romania	
Saudi Arabia	10
Senegal	
Sierre Leone	
Singapore	6
South Africa	10
Spain	70
Sri Lanka	
Sudan	
Sweden	400
Switzerland	40
Syria	5
Taiwan	5
Tanzania	
Thailand	10
Trinidad & Tobago	
Tunisia	
Turkey	15
United Arab Emirates	5
United Kingdom	150
Upper Volta	
USSR	2
USA	350
Total	4185

ADMINISTRATIVE STRUCTURE

ORGANIZATION CHART



*Association
des chirurgiens dentistes
du Québec*



Montreal, June 26, 1985

Doctor Ralph Crawford
President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Mr. President:

On February 8, 1983, prompted by our enthusiasm and pride in belonging to a prestigious national organization, we asked the Canadian Dental Association for the honour of forming its official organization and welcome committee and acting as the host for the Fédération Dentaire Internationale worldwide convention.

Quebec was the first corporate member of the C.D.A. to request this coveted privilege. We did so because it is our firm opinion that it is our profession's duty to involve itself in the economic activity of our province.

To the best of our knowledge, Quebec is the only province in Canada where such substantial sums of money are devoted to the dental health sector. In view of this, and because our profession has so often been "dragged on the carpet" during negotiations with the government, we are asking you to give us the opportunity on this important occasion to demonstrate that, as part of a great nation-wide association, we can help Quebec profit from the many economic spin-offs engendered by an international congress of this nature.

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Another important factor is that Quebec is the cradle of Canada's two great founding nations and Montreal is the vibrant focal point where both flourish. Added to this unequalled bicultural (as well as multicultural) background is the fact that Montreal undeniably has all the advantages to ensure the success of such a major international event:

- a modern convention centre (the Palais des Congrès) which has been humming with activity since 1983 and where all the scientific, cultural, social and commercial activities of the F.D.I. can be held under one roof;
- a more than ample supply of rooms in major hotels just a few minutes walk from the convention centre, to ensure delegates accommodations of top quality;
- world-famed cuisine, proverbial hospitality, and a wide array of recreation and entertainment;
- municipal and provincial administrations noted for their generous support and encouragement for such events;
- an actively involved profession.

Since the past is always a good guarantee of the future, it should be enough to point out here that, ever since 1967 and the great success of Expo, Montreal has enjoyed a truly enviable reputation, year after year, as a prestigious international host. This alone is an outstanding recommendation!

It should also be added that all members of the dental profession in Quebec are solidly behind this request. The Order of Dentists of Quebec not only supports the bid by the Quebec Dental Surgeons Association, but also offered to put at our disposal the organization of Les Journées Dentaires du Québec. We can assure you that we are delighted with such a generous offer of collaboration and we are enthusiastically accepting it in view of the anticipated success we see ahead.

Doctor Ralph Crawford, .../3

Montreal also has two dental faculties, one English and one French, not to forget the excellent one at Laval University in Quebec City. We intend to make the most of these important resources to ensure the scientific success of these sessions.

In closing, we wish to point out that we can back up our enthusiasm for hosting the World of dentistry with our firm belief that Montreal offers every advantage to ensure an outstanding success for and on behalf of the Canadian Dental Association.

This request is respectfully submitted to you for your most careful consideration in view of all the impressive facts outlined in this letter.

Sincerely yours,



Claude Chicoine, D.D.S.
President

CC/sd



Comptables agréés

1993 FDI CONVENTION IN MONTREAL

BUDGET FORECAST

1993 FDI CONVENTION IN MONTREAL

BUDGET FORECASTS

INSCRIPTIONS

Delegates	5,000	7,000	9,000
Spouses	2,500	3,500	4,500
	-----	-----	-----
	7,500	10,500	13,500
	=====	=====	=====

REVENUES	2,205,600	2,843,600	3,481,600
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FIXED COSTS	1,220,242	1,231,242	1,242,242
	-----	-----	-----

	985,358	1,612,358	2,239,358
--	---------	-----------	-----------

VARIABLE COSTS	630,000	882,000	1,134,000
	-----	-----	-----

PROFIT	355,358	730,358	1,105,358
	=====	=====	=====

1993 FDI CONVENTION IN MONTREAL

BUDGET FORECASTS

INSCRIPTIONS

-Delegates	5,000	7,000	9,000
-Spouses	2,500	3,500	4,500
	7,500	10,500	13,500
	=====	=====	=====

REVENUES

Inscriptions				
-Delegates	\$200.00	1,000,000	1,400,000	1,800,000
-Spouses	\$100.00	250,000	350,000	450,000
Exhibition				
-520 booths	X \$1,000.00	520,000	520,000	520,000
Sponsorships		50,000	50,000	50,000
Subsidy				
-Montreal City		45,000	63,000	81,000
-Palais des congres		40,600	40,600	40,600
President's ball	\$100.00	300,000	420,000	540,000
		2,205,600	2,843,600	3,481,600
		=====	=====	=====

1993 FDI CONVENTION IN MONTREAL

BUDGET FORECASTS

FIXED COSTS

GENERAL ADMINISTRATIVE EXPENSES

-Registration (computerized with badges)	15,000	21,000	27,000
-Pre-convention			
Secretariat (24 months)	150,000	150,000	150,000
Messenger	20,000	20,000	20,000
Telecommunications	15,000	15,000	15,000
Office supplies	20,000	20,000	20,000
Photocopies	15,000	15,000	15,000
-During the convention			
Registration	8,000	8,000	8,000
Messenger	3,000	3,000	3,000
Telecommunications	3,000	3,000	3,000
Photocopies	8,000	8,000	8,000
Miscellaneous	12,000	12,000	12,000
	269,000	275,000	281,000

CONVENTION ORGANIZER

-Hiring of one professional organizer (24 months)	100,000	100,000	100,000
	100,000	100,000	100,000

WELCOMING COMMITTEE

-Delegates and spouses	20,000	20,000	20,000
	20,000	20,000	20,000

CONVENTION PROMOTION

-Invitation and pre-registration forms 30,000 at \$ 2.00 each	60,000	60,000	60,000
-Postages	15,000	20,000	25,000
-1991-1992 International conventions participation	50,000	50,000	50,000
-Public relations			
Reception for exhibitors of 1992	50,000	50,000	50,000
Reception for delegates of 1992	50,000	50,000	50,000
	225,000	230,000	235,000

PROGRAM PRINTING COSTS

-Creation, design, printing	120,000	120,000	120,000
	120,000	120,000	120,000

1993 FDI CONVENTION IN MONTREAL

BUDGET FORECASTS

FIXED COSTS (contn'd)

SPEAKER

-Travel costs, indemnities

80,000 80,000 80,000

80,000 80,000 80,000

CEREMONIES

-Opening

30,000 30,000 30,000

30,000 30,000 30,000

SIMULTANEOUS TRANSLATION

-Interpreters

100,000 100,000 100,000

-Equipment

25,000 25,000 25,000

125,000 125,000 125,000

SPACE RENTAL

-Exhibit hall (Palais des congrès)

50,000 50,000 50,000

-Congress room

40,600 40,600 40,600

-Cleaning

16,000 16,000 16,000

-Carpet, ashtray rental etc.

20,000 20,000 20,000

-Security

15,000 15,000 15,000

141,600 141,600 141,600

RENTING OF AUDIO VISUAL EQUIPMENT

-Renting cost

30,000 30,000 30,000

30,000 30,000 30,000

INSURANCE

-Insurance

5,000 5,000 5,000

5,000 5,000 5,000

LOAN INTEREST

-Pre-congress expenses

74,642 74,642 74,642

\$300,000 at 11.75 % during 2 yrs

74,642 74,642 74,642

TOTAL FIXED COSTS :

1,220,242 1,231,242 1,242,242

INSCRIPTIONS

Delegates	5,000	7,000	9,000
Spouses	2,500	3,500	4,500
	7,500	10,500	13,500
	=====	=====	=====

VARIABLE COSTS

	Cost per person	Partici- pation			
-Opening cocktails	\$20.00	100%	150,000	210,000	270,000
-Delegate kits	\$15.00	Delegates	75,000	105,000	135,000
-Coffee break	\$12.00	Delegates	60,000	84,000	108,000
-Public transportation	\$9.00	100%	45,000	63,000	81,000
-President's ball	\$100.00	40%	300,000	420,000	540,000
			-----	-----	-----
TOTAL VARIABLE COSTS :			630,000	882,000	1,134,000
			=====	=====	=====



*Association
des chirurgiens dentistes
du Québec*

ATTENDANCE FIGURES FOR FDI CONGRESS (MONTREAL-1993)

<u>Country</u>	<u>Montreal</u> <u>1993</u>
ALGERIA	20
ANGOLA	2
ARGENTINA	100
AUSTRALIA	175
AUSTRIA	125
BAHRAIN	3
BAHAMAS	
BELGIUM	50
BOLIVIA	100
BOTSWANA	1
BRAZIL	75
BULGARIA	2
BURUNDI	1
CAMAROUN	1
CANADA	3 000
CHILE	5
CHINA	25
COLOMBIA	10
CONGO	1
COSTA RICA	1
CUBA	10
CYPRUS	10
CZECHOSLAVAKIA	10
DENMARK	25
DOMINICAN REPUBLIC	5
ECUADOR	5
EGYPT	25
EL SALVADOR	
FINLAND	75
FRANCE	1 000
GABON	1
GAMBIA	1

.../2

<u>Country</u>	<u>Montreal</u>
	<u>1993</u>
GERMAN DEMOCRATIC REPUBLIC	5
GERMAN FEDERAL REPUBLIC	500
GHANA	1
GREECE	15
GUATEMALA	3
GUINEA-BISSAU	
GUYANA	
HAITI	10
HONDURAS	
HONG KONG	10
HUNGARY	10
ICELAND	10
INDIA	5
INDONESIA	10
IRAN	5
IRAQ	5
IRELAND	10
ISRAEL	125
ITALY	30
IVORY COAST	1
JAMAICA	2
JAPAN	300
JORDAN	5
KENYA	5
KOREA	50
KUWAIT	15
LEBANON	7
LIBERIA	
LIBYA	1
LUXEMBOURG	10
MADAGASCAR	1
MALAYSIA	5
MALAWI	
MALTA	1
MAURITIUS	1
MEXICO	150
MONACO	3

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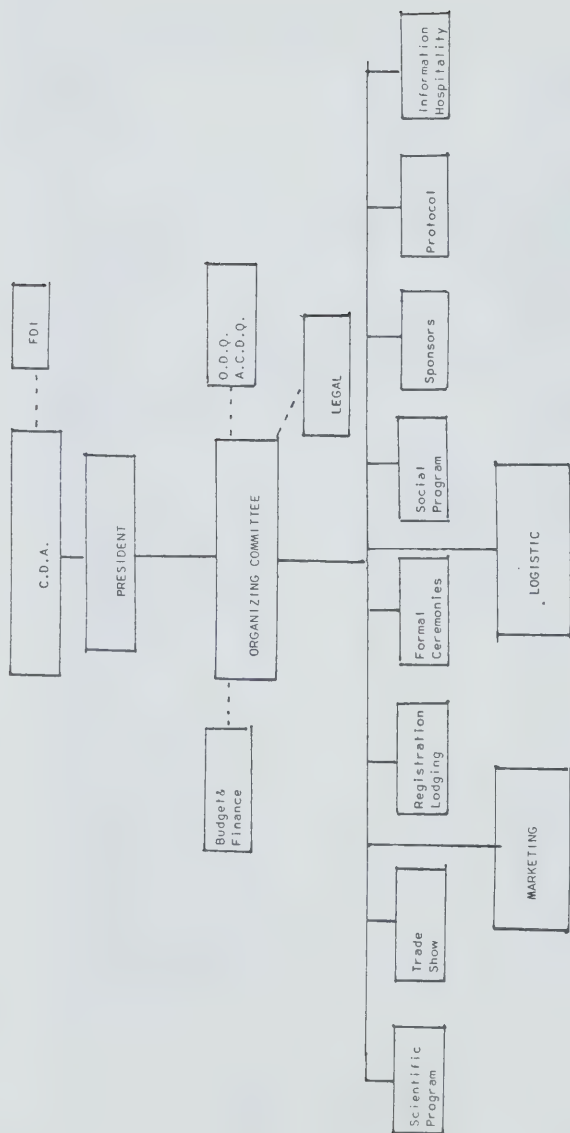
<u>Country</u>	<u>Montreal</u> <u>1993</u>
MOROCCO	2
NETHERLANDS	150
NEW ZEALAND	25
NICARAGUA	1
NIGER	2
NIGERIA	10
NORWAY	100
PAKISTAN	2
PANAMA	3
PAPUA NEW GUINA	
PARAGUAY	2
PERU	5
PHILIPPINES	10
POLAND	5
PORTUGAL	27
ROMANIA	2
SAUDI ARABIA	15
SENEGAL	2
SIERRE LEONE	1
SINGAPORE	5
SOUTH AFRICA	25
SPAIN	70
SRI LANKA	1
SUDAN	1
SWEDEN	200
SWITZERLAND	45
SYRIA	10
TAIWAN	5
TANZANIA	2
THAILAND	5
TRINIDAD & TOBAGO	2
TUNISIA	3
TURKEY	5
UNITED ARAB EMIRATES	5
UNITED KINGDOM	150
UPPER VOLTA	2
USSR	2

.../4

/4

<u>Country</u>	<u>Montreal</u>
	<u>1993</u>
USA	500
UGANDA	1
URUGUAY	1
VENEZUELA	30
YOUgosLAVIA	10
ZAIRE	1
ZAMBIA	1
ZIMBABWE	1
<u>TOTAL</u>	7 622

/lp
3 juillet 1985



CURRENT

Section 7 Powers

The Executive Council shall conduct all business of the Association when the Board of Governors is not in session, subject to the Letters Patent, By-laws of the Association and the mandates of the Board of Governors.

- (a) The Executive Council shall have power to establish administration rules and regulations not inconsistent with these by-laws.
- (b) The Executive Council shall have power to direct the President to call a special session of the Board of Governors pursuant to Article VIII, Section 7.
- (c) The Executive Council shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the Editors.
- (d) The Executive Council shall have power to establish interim policies when the Board of Governors is not in session and where such policies in the discretion of the Executive Council are essential to the management of the Association, provided however that such policies must be reported to the members of the Board of Governors within fourteen (14) days of establishment thereof and presented by the Executive Council for review at the next following session of the Board of Governors.
- (e) The Executive Council shall have the right to elect Honorary members.
- (f) The time and manner of distribution of surplus funds to the members participating in insurance plans shall be determined by the Executive Council.
- (g) The Executive Council will authorize and approve all contracts, agreements or the disposition of funds relating to insurance and investment programmes.
- (h) The Executive Council will act as trustees for all insurance retention funds or surplus or reserve funds.

CURRENT

Section 8 Duties of Executive Council

It shall be the duty of the Executive Council

- (a) to supervise the maintenance of headquarters property owned or operated by the Association.
- (b) to appoint the Executive Director of the Association.
- (c) to determine the date and place for convening each annual meeting of the Association.
- (d) to approve all clinics and exhibits in line with policies established by the Board of Governors.
- (e) to cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.
- (f) to ensure all accounts of the Association are audited by a certified chartered accountant at least once a year.
- (g) to prepare a budget for carrying on the activities of the Association for each ensuing fiscal year.
- (h) to review reports prepared for presentation and make recommendations concerning each report to the Board of Governors.
- (i) to submit an annual report of the Executive Council activities to the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.
- (j) to annually recommend to the President chairmen of the councils excluding Executive, Student Affairs and Nominations from among membership of the respective councils as elected by the Board of Governors.
- (k) to perform such other duties as are prescribed in these By-laws.
- (l) to admit Associate, Affiliate and Supporting members pursuant to Article V, Section 3, 6 and 8, and to elect Honorary members pursuant to Article V, Section 4.
- (m) to grant awards from time to time in accordance with the guidelines established by the Board of Governors.

Section 9 Sessions

- (a) Regular Session

The Executive Council shall hold at least four regular sessions in each year.

EXECUTIVE COUNCIL

PROPOSED

Roles and Responsibilities

- (a) shall act on behalf of the Board of Governors establishing interim policies when the Board is not in session and where such action in the discretion of Executive Council is essential to the management of the Association, provided that such action must be reported to the Board within fourteen (14) days and presented by Executive Council for review at the next following session of the Board of Governors.
- (b) shall establish guidelines and policy related to the administration of the Association in consultation with the Executive Director.
- (c) shall have full discretionary powers to cause to be published in or omitted from any official publication of the Association, any article in whole or in part, except the editorials written or approved by the editors.
- (d) shall be the trustees of all funds, properties and other assets of the Association.
- (e) shall report to each meeting of the Board of Governors.
- (f) shall provide the recommended agenda for each Board of Governors meeting and shall review all reports prepared for presentation and make recommendations concerning each report.
- (g) shall perform such duties as may be designed by the Board of Governors or this by-law.
- (h) shall be responsible for the Priorities and Planning of the Association.
- (i) shall provide Executive Liaison to all Council and Committees as deemed necessary.
- (j) shall appoint the Executive Director of the Association.
- (k) shall determine the date and place for convening each annual and interim meeting of the Association.
- (l) shall approve all clinics and exhibits in line with policies established by the Board of Governors.
- (m) shall cause to be bonded by a surety company all appointed officers and employees of the Association entrusted with Association funds.

Executive Council - Proposed

- (n) shall ensure all accounts of the Association are audited by a certified chartered accountant at least once a year.
- (o) shall review the draft for carrying on the activities of the Association for each ensuing fiscal year and make recommendations on the budget to the Board of Governors.
- (p) shall submit a report of the Executive Council activities to each meeting of the Board of Governors and following each Executive Council meeting to submit a summary statement of the business of the meeting to the members of the Board of Governors.
- (q) shall annually recommend to the President, chairmen of the councils excluding Executive, Student Affairs and Nominations from among membership of the respective council as elected by the Board of Governors.
- (r) shall admit Associate, Affiliate and Supporting members pursuant to Article V, Section 3, 6 and 8 and to elect Honorary members pursuant to article V, Section 4, and Life Members according to Article V, Section 5.
- (s) shall grant awards from time to time in accordance with the guidelines established by the Board of Governors.
- (t) shall act as trustees for all insurance, retention funds, surplus and reserve funds and shall determine the the time and manner of distribution to the members participating in insurance plans.
- (u) shall authorize and approve all contracts, agreements or the disposition of funds relating to insurance and investment programmes.
- (v) shall have power to direct the President to call a special session and submit a report to each meeting of the Board of Governors pursuant to Article VIII, Section 7.
- (w) shall hold at least four regular sessions in each year.

CURRENT

Section 6 Management Committee

The Management Committee shall be a committee of the Executive Council and shall consist of three members, the President, the Immediate Past-President and the President-Elect who shall be the chairman:

- (a) to serve as custodian of all monies, securities and deeds belonging to the Association.
- (b) to present an annual report to the Board of Governors including the Auditors' Report for the preceding year and the budget that has been proposed for the next succeeding fiscal year.
- (c) to perform such other duties as may be designated by the Executive Council or these By-laws.
- (d) to keep a minute book.

EXECUTIVE MANAGEMENT COMMITTEE

PROPOSED

Roles and Responsibilities

The Executive Council Management Committee shall be a committee of the Executive Council and consist of three members, the Immediate Past-President, the President-Elect and the President who shall be the chairman:

- (a) shall act as a Committee of the Executive Council serving as custodians of all monies, securities, deeds, and real property belonging to the Association.
- (b) shall provide advice to Executive Council and/or the President when requested.
- (c) shall perform such other duties as may be designated by the Executive Council or these By-Laws.
- (d) shall keep a Minute Book and report to the Executive Council.
- (e) shall review and report to Executive Council all budgets and financial statements presented by the President-Elect for the forthcoming year and ON ALL the auditor's reports prior to the presentation to the Executive Council and Baord of Governors.

CURRENT

Section 15 Duties of the Chairman of the Board

- (a) to preside at meetings of the Board of Governors and perform such duties as custom and parliamentary usage require.
- (b) to appoint a secretary pro tem in the absence of the Secretary of the Board.
- (c) to appoint, with the consent of the Board of Governors, special committees to perform duties not otherwise assigned by By-laws, which special committees shall serve until adjournment of the session at which they were appointed.
- (d) to appoint scrutineers to assist in determining the result taken by vote of the Board of Governors.

The Chairman of the Board shall hold no other elective office in the Association while he is serving as Chairman of the Board.

CHAIRMAN OF THE BOARD OF GOVERNORS

PROPOSED

Roles and Responsibilities

- (a) shall, at the invitation of the President, the Chairman of the Board may attend pre-Board Executive Council Meetings with the status of an observer, excluding in-camera sessions.
- (b) shall preside at meetings of the Board of Governors and perform such duties as custom and parliamentary usage require.
- (c) shall appoint a secretary pro tem in the absence of the Secretary to the Board.
- (d) shall appoint scrutineers to assist in determining the result taken by vote of the Board of Governors.

The Chairman of the Board shall hold no other elective office in the Association while he is serving as Chairman of the Board.

CURRENT

Section 5 Duties of the Executive Director

The duties of the Executive Director shall be:

- (a) to act as executive head of the Association.
- (b) to engage all employees of the Association except as otherwise provided in these By-laws.
- (c) to co-ordinate the activities of the Executive Council and all councils of the Association.
- (d) to offer advice on all policy matters to the Board of Governors, other Councils and Committees of the Association.
- (e) to direct that the policies of the Board of Governors be implemented.
- (f) to draw on the resources of the Association in preparing assistance to the Board of Governors, other Councils and Committees of the Association.
- (g) to keep the records, minutes and be custodian of books, papers, documents and seal of the Association.
- (h) to pay all accounts and keep accurate record of receipts and disbursements.
- (i) to furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association.
- (j) to perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these By-laws.

EXECUTIVE DIRECTOR

PROPOSED

Roles and Responsibilities

- (a) shall be the Chief Administrative Officer of the Association.
- (b) shall employ all staff of the Association.
- (c) shall implement decisions made by the Executive Council and /or Board of Governors.
- (d) shall coordinate all activities of the Board of Governors, Councils and Committees of the Association.
- (e) shall offer advice on all policy matters to the Board of Governors, other Councils and Committees of the Association.
- (f) shall draw on the resources of the Association in preparing assistance to the Board of Governors, other Councils and Committees of the Association.
- (g) shall keep the records, minutes and be custodian of books, papers, documents and seal of the Association.
- (h) shall pay all accounts and keep accurate records of receipts and disbursements.
- (i) shall furnish a surety bond in amount determined by the Executive Council, the premium of which shall be paid by the Association.
- (j) shall perform such other duties as usually appertain to this office or as may be designated by the Executive Council or these By-Laws.
- (k) shall supervise the maintenance of headquarters property owned or operated by the Association.
- (l) shall act as secretary to the Board of Governors.
- (m) to appoint a secretary pro tem in the absence of the secretary of the Board

CURRENT

Section 2 Duties of the President

It shall be the duty of the President:

- (a) to preside at all meetings of the Executive Council in accordance with recognized parliamentary usage.
- (b) to serve as an official representative of the Association in its contacts with government, civic, business and professional organizations for the purpose of advancing the objects and policies of the Association.
- (c) to serve as an ex-officio member of all councils of the Association.
- (d) to make a report at the annual meeting of the Board of Governors.
- (e) to make interim appointments in case of vacancies occurring in the Executive Council or in other councils.
- (f) to appoint special committees when considered necessary.
- (g) to call special sessions of the Executive Council.
- (h) to sign all official documents requiring his signature.
- (i) to delegate his responsibilities for appropriate reason when he is unable to fulfill same.
- (j) to perform such other duties as may be provided in these By-laws subject to Article IX, Section 6 and Section 8.
- (k) to succeed to the office of the Past-President.

PRESIDENT

PROPOSED

Roles and Responsibilities

- (a) shall be the Chief Executive Officer of the Association.
- (b) shall have the authority to act on behalf of the Executive Council and/or Board of Governors when necessary.
- (c) shall be the official spokesperson of the Association.
- (d) shall be the Chairman of the Executive Council and the Executive Management Committee.
- (e) shall serve as ex-officio member of all councils and committees of the Association.
- (f) shall report to all meetings of the Board of Governors and Executive Council.
- (g) shall make interim appointments to fill vacancies existing in all Councils and Committees - these appointments to be ratified by the Executive Council.
- (h) shall be responsible for appointing special committees when necessary.
- (i) shall be responsible for calling sessions of the Executive Council and the Board of Governors.
- (j) shall sign official documents when required.
- (k) shall delegate his responsibilities for appropriate action when he is unable to fulfill same.
- (l) shall perform such other duties as may be provided in these By-Laws subject to Article IX, Section 6 and Section 8.
- (m) shall succeed to the office of the Past-President.

CURRENT

Section 3 Duties of the President-Elect

It shall be the duty of the President-Elect:

- (a) to assist the President as requested in the performance of his duties.
- (b) to serve as Acting President in the event that the office of the President becomes vacant.
- (c) to act as Chairman of the Management Committee.
- (d) to succeed to the office of the President at the next annual meeting of the Board of Governors following his election as President-Elect.

PRESIDENT-ELECT

Roles and Responsibilities

PROPOSED

- (a) shall assist the President as requested in the performance of his duties.
- (b) shall serve as Acting President in the event that the office of the President becomes vacant.
- (c) shall be responsible for the preparation of the budget and presentation of the financial statement to the Executive Council and subsequently to the Board of Governors.
- (d) shall succeed to the office of the President at the next annual meeting of Board of Governors following his election as President-Elect.

Note to item (c): This should be tied in with Executive Management Committee as it is the President-Elect who presents the financial statement to the Board.

The Canadian Dental Association

DRAFT MISSION STATEMENT

The Canadian Dental Association is dedicated to the principle that all Canadians should have the best oral health care it is possible to provide.

The Canadian Dental Association acts in support of this principle in the following ways:

1. As the authoritative national voice for dentistry, the Canadian Dental Association recognizes a unique responsibility with respect to the establishment of national positions and standards related to the practice of dentistry, dental education, dental research, dental equipment, dental materials and the supply of qualified dentists and dental auxiliaries.
2. It offers services in both official languages to support and advise all areas of dentistry but with primary focus on the dentist as health professional, student, educator, ethical practitioner, researcher, business-man, citizen and individual.
3. The Canadian Dental Association actively seeks input from and dialogue with governments, consumers, and all others interested in dentistry to enable it to better serve the public interest and its members.

GOALS

- to serve the dental community through government activity
- to operate in the public interest in assuring that all Canadians have the best possible oral health care
- to influence government policy in oral health care
- to be recognized by governments as the authoritative national voice of Canadian dentistry
- to signal clearly the CDA takes its social responsibility seriously with:
natives, minority representation and the handicapped
- to have and be seen as having:
 - technical competence
 - a powerful national base
 - clearly established principles
 - a collaborative posture and protecting confidentiality
 - developing stable long term relationships
 - good linkages to other health and related professionals
 - political sophistication including government systems knowledge
 - operating effectively in both official languages

OBJECTIVES

- establish permanent Government Relations Committee
- put in place system to monitor government contacts
- research position in dental community (30-40 interviews)
- establish key positions and appoint spokespersons
- establish win-win government relations approach
- develop government information system;
develop background on government activity and processes; and
develop background on government structures and individuals
- prepare government relations handbook
- establish government relations editorial policy
- undertake government relations events (Health and Welfare day and others)
- establish ministerial pairing system
- undertake committee educational approach - special meetings
- implement government/staff contact system
- coordinate awareness program to government relations activity
- coordinate government related activities abroad

DESCRIPTION

Government Relations Committee (GRC)

Duties and Responsibilities

To act as the focal point and co-ordination of all government relations activity to ensure an effective professional input into all aspects of government policy, development and administration.

Decide on theme(s) and message thrust to pursue in government interaction.

Ensure that the necessary timely policies are formulated on key issues requiring a formal CDA government position.

Appoint approved spokespersons to government for each policy position.

Provide for the establishment and maintenance of a system to effectively inform, link and monitor spokespersons for government relations activities which provides consistency without unduly hampering entrepreneurship and individualism.

Ensure that new GRC members and spokespersons are thoroughly briefed on committee work and government relations generally.

Determine as appropriate, special government events such as caucus meetings, ministerial meetings, chief of staff meetings, general departmental meetings, etc.

Determine editorial policy of the journal as it relates to government relations activities.

Ensure that there is in-house up to date information on federal and provincial government structures, programs, officials and that it is maintained current.

Establish conditions of involvement of those external to CDA in government relations related activities ie. consultants, legal firms, other associations, suppliers, etc.

Oversee any system which pairs members of parliament with CDA representatives.

Ensure that selected government officials are contacted frequently by both voluntary and salaried staff as appropriate.

Government Relations Committee Structure

Composed of up to six voting members including: President and Executive Director (ex-officio) and five other members chosen who have particular skills and could head special sub-groups such as taxation, insurance, etc. as activity and issues require.

Reporting to executive council.

One year renewable terms.

Chairman appointed annually by the president

Planning

Activity plan outline prepared for the chairman by the executive director in consultation with others to ensure broad based input.

Meetings

As required to deliver the mandate.

Guidelines For Groups Meeting In Conjunction With CDA

Preamble:

On March 7, 1985, representatives of the Specialty Sections met in Ottawa to discuss, among a number of items, holding their conventions or annual meetings at the time of the CDA annual meeting. After a lengthy discussion on the benefits and problems incurred in meeting in conjunction with CDA, it was concluded that CDA should develop guidelines for groups meeting in conjunction with CDA. Upon approval, these guidelines would then be circulated to all groups planning to meet with CDA at future convention sites.

Premise:

It was generally concluded by both CDA and the specialty sections that, despite certain problems on both sides in planning meetings in conjunction with the CDA meeting, the benefits outweighed the disadvantages. It was felt to be detrimental to both the specialists and the general practitioners if the specialists stopped having their meetings with CDA, as both groups had much to learn from one another. If space and circumstance allow, the practice should continue.

Guidelines

- (1) CDA will publish its convention dates and sites as early as possible with the aim of establishing a five year schedule to facilitate the planning of conjoint meetings.
- (2) CDA will encourage specialty and/or affiliate groups to meet with CDA if space allows.
- (3) CDA will request from specialty and affiliate groups a statement of intent to meet in conjunction with CDA as early as possible. If requested by the group and if space allows, CDA will book under its umbrella, suitable meeting and bedroom accommodation to satisfy the group's requirements.

It is recognized however that certain CDA Convention sites offer limited flexibility and space for conjoint meetings. It is understood that although CDA will attempt to accommodate groups meeting in conjunction with CDA, that CDA's meeting and bedroom requirements must have first priority.

- (4) In order to avoid conflicts, groups meeting in advance of the CDA meeting are asked to allow one day between the two meetings to ensure access to bedroom blocks by CDA delegates.
- (5) Groups meeting in advance of CDA that wish to attend all or portions of the CDA meetings must register separately for the CDA meeting, and adhere to registration policies as developed by the Convention Committee.
- (6) Groups meeting concurrently with CDA (if space allows) may enter into negotiations with the CDA Convention Committee for a special registration rate based on their delegates' inability to fully attend the CDA meeting due to concurrent sessions and conflicting schedules.

The Association of Canadian Faculties of Dentistry/
L'Association des facultés dentaires du Canada



Office of the President

Faculty of Dentistry
University of Manitoba
780 Bannatyne Avenue
WINNIPEG, Manitoba
R3E 0W3
Phone (204) 786-3631

June 5, 1985

Dr. P.R. Crawford, President
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

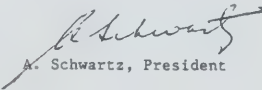
Dear Dr. Crawford:

You have been aware, for the past year or more, of an interest on the part of ACFD/AFDC in obtaining voting membership on the CDA Board of Governors. There is a strong feeling within the Executive Council of our Association, and the membership at large, that the CDA and ACFD/AFDC would benefit from such a change. The size of our membership and the role which we play in the dental health profession in Canada should warrant favourable consideration for the attached proposal.

We would welcome the opportunity to discuss this matter further, at any level of the CDA organization which you might deem appropriate.

It is our sincere hope that favourable consideration will be given to this proposal.

Respectfully submitted


A. Schwartz, President

AS/ln
Att.

A POSITION PAPER
Respecting the Establishment of
A Voting Membership on
the
BOARD OF GOVERNORS
of the
CANADIAN DENTAL ASSOCIATION

Presented by:

THE ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY
L'ASSOCIATION DES FACULTES DENTAIRE DU CANADA

A) Introduction

a) HISTORY

The Association of Canadian Faculties of Dentistry/L'Association des Facultés dentaires du Canada (hereinafter called ACFD/AFDC) was formed in March, 1967, in response to a perceived need for an organization which would work in the common interests of, and provide a collective voice for, Canadian dental educators and researchers.

The general philosophy of the new organization which was enunciated at that time was: "It is most important that this organization work to establish national standards in research as well as in educational policies."

The Constitution and Bylaws which were approved in 1967 have been

subject to careful and continuing review and amendment to keep in tune with the growth of the Association and the changing scope and circumstances of dental education and research.

b) Objectives of the Association of Canadian Faculties of Dentistry

- A) promote the advancement of teaching and research in dentistry;
- B) facilitate the exchange of information and opinions among those engaged in dental education and research;
- C) promote the provision of dental personnel to meet Canada's present and future health care requirements;
- D) promote the development of post-graduate and graduate dental education;
- E) promote opportunities for the continuing education of dental personnel;
- F) promote public understanding and appreciation of the quality and value of education and research;
- G) engage in any activity consistent with the ethics of the profession and with the Constitution and Bylaws to advance the interest of dental education and research.

c) Membership

Institutional Members

The ten Canadian Dental Faculties are the Institutional members of the Association

Affiliate Members

Agencies, institutions and organizations which conduct dental education programs, except those which are eligible for institutional or provisional membership, may apply for affiliate membership provided their programs are accredited by the Council on Education of the Canadian Dental Association as accreditation eligible, preliminary approval, provisional approval, conditional approval or full approval.

(a) Colleges and universities and independent post-graduate training research centres;

(b) The Canadian Forces Dental Service School;

(c) Education or Health Care Institutions with programs in any of the following categories:

- (i) hospital and dental internships and residencies,
- (ii) dental hygiene
- (iii) dental assisting
- (iv) dental laboratory technology

d) Organization

i) House of Delegates

The House of Delegates is the supreme authoritative body of the Association. It is composed of the dean and two elected delegates from each of the ten dental faculties, one representative from Canadian Forces Dental Service School, one representative of the Sections of the Association and the members of the Executive Council.

ii) Executive Council

The Executive Council is composed of the President,

immediate Past President/or the President-elect, three elected members-at-large, the Chairman of the Committee on Research, the Chairman of the Committee on Education, and two other members ex-officio - namely; the Executive Director, and a representative from the Council on Education of the Canadian Dental Association

iii) Standing Committees

Education Committee

The Chairman and five other members elected for three-year terms by the House of Delegates.

Research Committee

The Chairman and five other members are elected for three year terms by the House of Delegates.

Constitution Committee

The Chairman Chairman and one member are elected by the House of Delegates for three-year terms.

e) Manpower

ACFD/AFDC is the Association representing the academic staff, which works to the benefit of the student body in the ten Canadian dental schools. The number of persons concerned is considerable. The following figures represent the total academic staff and students involved in the 10 dental schools in Canada:

Full-time academic staff	-	485
Part-time academic staff	-	1200
Undergraduate dental students	-	2000

B) Discussion

a) Goals and History

The general philosophy and objectives of both the Canadian Dental Association and the Association of Canadian Faculties of Dentistry are the cultivation and advancement of the art and science of dentistry and the maintenance of professional ethics. Further, a study of the specific objectives and purposes of each organization also indicates a notable similarity between these goals. A comparative summary appears in the following table:

ASSOCIATION OBJECTIVES

(Excerpted from the Constitution and Bylaws of ACFD and CDA)

ACFD	CDA
i) To promote the advancement of teaching and research in dentistry	i) To elevate and sustain the professional character and <u>education</u> of dentists ii) To conduct, direct, encourage and support or provide for exhaustive dental and oral <u>research</u>
i) To facilitate the exchange of information and opinions among those engaged in dental <u>education</u> and <u>research</u>	i) To conduct, direct, encourage and support or provide for exhaustive dental and oral <u>research</u> ii) To disseminate <u>knowledge</u> of dentistry and dental <u>discoveries</u>
i) To promote the provision of dental personnel to meet Canada's present and future health care requirements	i) To cultivate and promote the art and science of dentistry and all its collateral branches, and to maintain the honour and interests of the dental profession
i) To promote the development of post-graduate and graduate dental education ii) To promote opportunities for the continuing education of dentists	i) To elevate and sustain the professional character and education of dentists
i) To promote public understanding and appreciation of the quality and value of education and research	i) To disseminate knowledge of dentistry and dental discoveries ii) To enlighten and direct public opinions in relation to advanced scientific dental service
i) To engage in any activity consistent with the ethics of the profession to advance the interest of dental education and research	i) To elevate and sustain the professional character and education of dentists ii) To conduct, direct, encourage and support or provide for exhaustive dental and oral research

b) Dental Research

For a number of years CDA actively cultivated and promoted the advancement of dental research in Canada, largely through its Council on Research. Since practically all dental research has been, and is being, done in the dental schools, this Council was composed of researchers who were academic staff of the dental faculties. When the CDA dissolved the Council on Research some years ago, the Research Committee of ACFD became the representative body for dental researchers in Canada. Since that time the Canadian Association for Dental Research was formed and the ACFD Research Committee is currently composed of three members elected from each of ACFD and CADR.

ACFD is, therefore, a major voice for Canadian dental research, a matter of significance to both CDA and ACFD/AFDC

c) Dental Education

Dental Education is a principal focus for the ACFD. The teaching and training of undergraduate dental and dental hygiene students is a major function of the Faculties of Dentistry. In addition, many schools have graduate and post-graduate programs in dental specialties. Every dental school is involved with programs in continuing education for the profession. Indeed, the faculty members provide a valuable resource for continuing education courses. ACFD, with advice of its Education Committee, continually strives to cultivate and promote improved and effective teaching at the undergraduate and graduate levels, and its faculty members work very closely with the CDA and its Committee on Continuing Education to provide programs and courses for dental professionals.

C) Conclusions

The goals of ACFD are similar to those of CDA. A major objective, which is common to both associations, is to elevate and sustain the

professional character and education of dental professionals and to cultivate and promote the art and science of dentistry. ACFD, through its member institutions, strives to achieve these objectives at the education and research levels, while CDA functions well at the level of the practitioner of dentistry.

The numbers of people represented, directly and indirectly, by ACFD is significant. A very high percentage of these individuals are Active Members and Student Members of CDA. In view of the large number of members represented by ACFD, it would appear to be reasonable that ACFD should seek voting membership on the Board of Governors of CDA.

Dental research in Canada is performed primarily by academic staff of ACFD member institutions. Their work benefits the profession and the public, which are the trust of CDA. Also benefited are the staff and students who are in the direct area of activity of ACFD. It would appear that a closer working arrangement for CDA and ACFD would be both desirable and advisable.

The entire area of dental education and research is one in which the interests of CDA and ACFD come together. It would seem to be in the best interests of both organizations, if ACFD had the opportunity to serve as a member of the Board of Governors.

D) Resolution

WHEREAS, the goals and objectives of the Canadian Dental Association (hereinafter called CDA) and the Association of Canadian Faculties of Dentistry/L'Association des facultés dentaires du Canada (hereinafter called ACFD) are analagous; and

WHEREAS, a significant number of Active and Student Members of CDA are directly and indirectly represented by ACFD; and

WHEREAS, the majority of Canadian dental research is performed in

dental schools by dental faculty and the results from this research redound to the benefit of the dental profession and the public; and

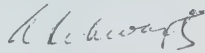
WHEREAS, undergraduate, post-graduate, graduate and continuing education is provided by faculty of ACFD member institutions and the effects from these educational endeavours are reflected in the high quality of preventive treatment dental services being delivered to the public; and

WHEREAS, it appears that a more formal sphere for interaction between CDA and ACFD would be beneficial to both associations; and

WHEREAS, no such formal sphere presently exists, therefore;

RESOLVED, that ACFD be recognized and granted one voting membership on the Board of Governors for CDA.

Respectfully submitted

A handwritten signature in dark ink, appearing to read 'A. Schwartz', with a stylized flourish at the end.

A. Schwartz, President

MEMBERSHIP COMMITTEE

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS
OCTOBER 1985

Members: Dr. William Thompson, Chairman, Trenton, Ontario
Dr. Ed Busvek, St. Thomas, Ontario
Dr. J. C. Giguere, Sillery, Québec
Dr. Bradley Holmes, President-Elect, Kenora, Ontario
Dr. Rita Hurley, Montreal, Quebec
Dr. Lynn Tomkins, Scarborough, Ontario
Brig. General J.N. Wright, Ottawa, Ontario

CDA Staff: Jean Scrimger, Director of
Administration

1. Council Meetings

The last meeting of the Membership Committee was held in Ottawa on June 8, 1985.

All Committee members with the exception of Dr. Busvek were in attendance. The Chairman stressed the importance of having the Executive Council members from Ontario and Quebec as committee participants.

2. Items Requiring Board Action

3. Life Membership

The Interim Board of Governors meeting directed the Membership Committee to review the definition of Life membership to determine if redrafting was required. This action was precipitated by problems in one province after the 1985 Life membership list was released.

The Committee reviewed the Life membership qualifications in detail and determined that the present criteria was most satisfactory. It was concluded, however, that careful monitoring will be required in preparing future proposed lists and that Life membership lists will not be finalized until the provincial associations have had an opportunity to review and comment on the lists as applicable to their specific province. This policy has been effected for the 1986 lists.

MEMBERSHIP COMMITTEE

Life Membership - (cont'd)

The Committee also determined that with the considerable increase in the number of Life members and therefore loss in revenue, and the increased costs in operating the CDA Resource Centre, that Life members and Past Presidents could be approached with requests for supporting donations to the Library. Committee members felt that to initiate the appeal process an official letter from the President requesting this type of donation would prove beneficial. Subsequent appeals could be made in the Journal or by letter.

The Committee therefore requests that the Board approve the following motion:

RESOLVED:

That Life members and Past Presidents be approached and encouraged to donate the equivalent of the CDA membership fee to the Canadian Dental Association Library Trust Fund as a charitable gift.

4. Associate Membership

APPENDIX 1

The Committee discussed problems arising from misinterpretation or misunderstanding of this category of membership and in the substantial increase in the number of applications.

In reviewing this category of membership all other membership categories were reviewed and Active, Affiliate, Student, Honorary and Life Member categories were considered satisfactory.

MEMBERSHIP COMMITTEE

Associate Membership - cont'd

It was determined, however, that some of the problem in the Associate member category is that applicants are confusing Active, Affiliate and Associate nomenclature and therefore it would prove beneficial if the Associate and Supporting member categories were combined.

The definitions for Associate and Supporting member categories at present are outlined in Appendix 2. The present Supporting member category has 12 members and was developed for persons other than dentists who wished to support the CDA.

The proposed definition for the combined Associate/Supporting member category, which should be named Supporting member category, is presented as a motion as follows:

RESOLVED:

That the present Associate and Supporting member categories be combined under the name Supporting member category with the following qualification.

That any dentist who would previously have applied for Associate Membership be considered under the redefined Supporting Membership category.

That the Supporting Membership fee be set at 50 per cent of the Active / Affiliate Membership Fee effective in 1986.

Any member in good standing who is no longer licensed to practice in a province of Canada, or who is retired from dental practice, teaching or administration or who presents special mitigating circumstances, shall be eligible to apply for admission as a Supporting member and shall become a Supporting member upon approval by the Executive Council and payment of the appropriate fee.

MEMBERSHIP COMMITTEE

Associate Membership (cont'd)

This class of membership shall also include any person having an interest in the well being of the Association and who does not otherwise qualify as an Active, Affiliate, Honorary, Life or Student member of the Association upon application and approval by the Executive Council and payment of the appropriate fee.

Items for information - Not Requiring Board Action

5. Membership Statistics 1985

APPENDIX 2

The Committee reviewed the 1985 membership campaign and determined that the utilization of communication coordinators in Ontario component societies and participation of members of the Management Committee at local society meetings in Ontario and in the Montreal area of Quebec had been effective and should be continued and expanded.

Dr. Thompson reviewed CDA membership statistics of the Ontario societies and noted that most are in the 50 - 70 per cent category with only four societies below 50 per cent.

The final membership statistics will indicate a small increase in members in Quebec reversing the trend of the past two years. The statistics for Ontario indicate a decrease from 1984 totals approximately equal to the increase in the number of Life Members. The decrease in membership was due in part to the transfer of a considerable number of Active members to Life membership status, to the increase in license fees in 1984 in Ontario, to the change in fee payment dates in the ODA and to the fact that the communication coordinators were in their first year of participation.

MEMBERSHIP COMMITTEE

6. 1986 Membership Campaign

The 1986 membership campaign will follow the major thrust for the 1985 campaign. The Committee and CDA staff will, however, investigate the feasibility of the use of professional marketing services for future campaign development.

Staff will also develop a system to track CDA membership, through student years to present membership status, in Ontario and Quebec.

A one-day seminar at CDA headquarters will be implemented for those CDA communication coordinators who could not attend in 1984. This seminar will be held on November 9, 1985.

The membership campaign for Ontario and the Montreal area of Quebec will utilize attendance by members of the Management Committee, Taxation Committee and others, to explain areas of current interest and concern to local dental societies.

The campaign in those Quebec societies outside of Montreal is less developed and, in 1986, will incorporate the attendance of one of the CDA Governors from Quebec to as many society meetings as possible to indicate CDA presence and availability to address concerns.

Respectfully submitted,

W.R. Thompson, Chairman
Membership Committee

ADOPTION OF REPORT:

The Board of Governors accepts the Report of the Membership Committee with appreciation.

APPENDIX 1

Section 5 Life Members

A Life member shall be entitled to receive a certificate of life membership and a complimentary subscription of the Journal of the Canadian Dental Association. He shall be entitled to attend scientific meetings under the auspices of the association. A life member shall not be assessed any regular association grants or dues. A life member shall not be entitled to vote on any question arising at any meeting of the members of the Association.

Section 6 Associate Members

An Associate member in good standing shall have the same rights and privileges as an Affiliate member.

Section 7 Student Members

- (a) A Student member in good standing shall be entitled annually to a certificate of membership, to receive the Journal of the Canadian Dental Association, to attend scientific meetings of the Association on payment of applicable registration fees and to enjoy all other facilities of the Association.
- (b) A Student member in good standing shall be eligible for election to any office or agency of the Association except as otherwise provided in the By-laws and except that he shall not be entitled to serve as a member of the Executive Council.
- (c) A Student member shall be entitled to vote in the election of members of the Council on Student Affairs.

Section 8 Supporting Members

A Supporting member in good standing shall be entitled annually to receive a certificate of membership and the Journal of the Canadian Dental Association. He shall be entitled to attend scientific sessions of the Association on payment of applicable fees and to enjoy such other services as are authorized by the Executive Council. A Supporting member shall not be entitled to vote on any question arising at any meeting of members of the Association, but shall be able to participate in the insurance and investment programs of the Association.

Section 9 Entitlement to Vote

Subject to the provisions of the Canada Corporations Act, only the Corporate members shall be entitled to vote at a meeting of members, the number of votes to which each such Corporate member is entitled shall be determined in the same manner as provided in Article VIII.

APPENDIX 2

CANADIAN DENTAL ASSOCIATION
AS AT 20 JUNE, 1985

1985 MEMBERSHIP RETURNS FOR ONTARIO & QUEBEC

MEMBER CATEGORY	1985 MEMBERS	1984 MEMBERS	1983 MEMBERS	1982 MEMBERS
ONTARIO:				
ACTIVE & AFFILIATE	2604	2685	2612	2414
ASSOCIATE & SUPPORTING	46	89	85	81
LIFE & PAST PRESIDENT	337	243	261	262
POST GRAD/ STUDENT FEE	75	22		
NEW GRADUATES	144	172	180	158
TOTAL	3206	3211	3138	2915
RCDS MEMBERS	5065	4947	4763	4715
CDA MEMBERS AS A %	63.3%	64.9%	65.9%	61.8%

QUEBEC:				
ACTIVE & AFFILIATE	1174	1160	1216	1239
ASSOCIATE & SUPPORTING	23	44	50	38
LIFE & PAST PRESIDENT	131	86	92	91
POST GRAD/ STUDENT FEE	53	21		
NEW GRADUATES	129	134	129	76
TOTAL	1510	1445	1487	1444
ODQ MEMBERS	2830	2763	2700	2700
CDA MEMBERS AS A %	53.4%	52.3%	55.1%	53.5%

The total shown for NEW GRADUATES represent the reported figures at the time of preparation of the presentation.

CANADIAN MEMBERSHIP AS AT 1 APRIL, 1985	8924
RECORDED DENTISIS IN CANADA	12901
MEMBERSHIP %	69.2%

CANADIAN MEMBERSHIP AS AT 1 APRIL, 1984	8752
RECORDED DENTISIS IN CANADA	12513
MEMBERSHIP %	69.9%

ELIGIBLE FOR LIFE MEMBERSHIP 1986

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>YEAR OF BIRTH</u>
<u>NEWFOUNDLAND:</u>			
02762 GREENE, WILLIAM	NFLD	1955	1921
<u>PRINCE EDWARD ISLAND:</u>			
03424 MACISAAC, A L	PEI	1948	1917
03423 MACEACHERN, K A	PEI	1952	1918
4170 GALLANT	PEI	1947	1920
<u>NOVA SCOTIA:</u>			
03899 LAFFIN, M A	N S	1951	1918
03914 MCMASTER, VINCENT A	N S	1947	1920
03867 DICKIE, WILLIAM K	N S	1954	1921
03877 FRANK, ALEXANDER G	N S	1953	1921
04147 JARDINE, ERIC W	N S	1949	1921
09646 KING, WILSON C	N S	1949	1921
03929 PRENTICE, W GEORGE	N S	1955	1921
<u>NEW BRUNSWICK:</u>			
02728 DOLAN, R H	N B	1954	1921
03507 HINCH, A T	N B	1951	1921
02752 MULLIGAN, W O	N B	1950	1921

ELIGIBLE FOR LIFE MEMBERSHIP 1986

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>YEAR OF BIRTH</u>	
<u>QUEBEC:</u>				
00585	BOURNE, MAURICE	QUEBEC	1947	1918
04521	JOFFE, SOLOMON	QUEBEC	1948	1920
05194	MORO, GABRIEL	QUEBEC	1947	1920
04565	AZELLUS, BERNARD	QUEBEC	1949	1921
05260	BELAND, JACQUES	QUEBEC	1947	1921
05226	BENOIT, GUY	QUEBEC	1947	1921
07811	BISAILLON, GERMAIN	QUEBEC	1951	1921
05140	CAPLAN, HERBERT	QUEBEC	1950	1921
00603	CHAGNON, FERNANDO	QUEBEC	1948	1921
05221	ELO, JAMES THOMAS	QUEBEC	1949	1921
00593	HEBERT, MARCEL	QUEBEC	1947	1921
00594	LACASSE, R	QUEBEC	1947	1921
04971	LEFEBVRE, R A	QUEBEC	1952	1921
04537	MCCARTHY, JOHN J	QUEBEC	1947	1921
05437	SKURNIK, HARRY	QUEBEC	1947	1921
05543	SYLVESTRE, GERARD	QUEBEC	1948	1921
<u>ONTARIO:</u>				
01278	FITZGERALD, JAMES L	ONTARIO	1943	
01334	LIGHTMAN, IRWIN	ONTARIO	1946	
01335	MCDONOUGH, T J	ONTARIO	1946	
07876	RICHARDSON, ROSS F	ONTARIO	1946	
01316	FREEMAN, H B	ONTARIO	1944	1920
08500	HARGADON, K L	ONTARIO	1950	1920
07477	CAMPBELL, H R	ONTARIO	1952	1920
07815	ACKERMAN, J E	ONTARIO	1946	1921
07296	ANDERSON, DONALD R	ONTARIO	1950	1921
07910	BIRNBAUM, SAMUEL	ONTARIO	1951	1921
07684	CHATWIN, J V	ONTARIO	1951	1921
06532	CRAWFORD, ARNOLD H	ONTARIO	1951	1921
05011	D'AOUST, J G	ONTARIO	1947	1921
08056	FINLAYSON, R H	ONTARIO	1949	1921
06578	FROUD, FREDERICK H	ONTARIO	1948	1921
06634	HOGG, A E	ONTARIO	1951	1921
06803	HOLLINGER, JOHN M	ONTARIO	1950	1921
07586	JENKINS, J D	ONTARIO	1946	1921
07447	KNIGHT, G A	ONTARIO	1952	1921
01403	LANGDON, R W	ONTARIO	1950	1921
07565	LINKLATER, D M	ONTARIO	1953	1921

ELIGIBLE FOR LIFE MEMBERSHIP 1986

	<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>YEAR OF BIRTH</u>
07828	MARLAND, K J	ONTARIO	1953	1921
01337	MORKIS, PETER	ONTARIO	1946	1921
01338	OCHITWA, YAROSLAW P	ONTARIO	1946	1921
07857	OLYNYK, WALTER M	ONTARIO	1946	1921
01465	SHANKS, HOWARD W	ONTARIO	1951	1921
05121	SMART, HENRY J	ONTARIO	1951	1921
06818	WAINRIGHT, ROBERT J	ONTARIO	1951	1921
07556	WEYNMAN, J J C	ONTARIO	1955	1921
08285	WILSON, ALBERT J	ONTARIO	1955	1921

MANITOBA:

12615	MALKIN, CHARLES	MANITOBA	1946	1920
09854	NORQUAY, J S	MANITOBA	1950	1920
12572	BURSHTEIN, J	MANITOBA	1946	1921
12575	CHAPPELL, D L	MANITOBA	1953	1921
09727	ELLIOTT, D C	MANITOBA	1951	1921
09842	GOLDBERG, P	MANITOBA	1946	1921
10149	HARWOOD, W R	MANITOBA	1950	1921
12605	JARJOUR, E G	MANITOBA	1953	1921

ALBERTA:

11914	FLEMING, S	ALBERTA	1951	1917
11782	WOOD, HARRIS S	ALBERTA	1949	1918
11790	AMONSON, L E	ALBERTA	1950	1920
11740	MARRIOTT, C J	ALBERTA	1951	1920
09943	ALEXANDER, T A	ALBERTA	1950	1921
11695	CALVERT, J M	ALBERTA	1950	1921
09956	DEEDRICK, D C	ALBERTA	1950	1921
11714	HAGER, R B	ALBERTA	1948	1921
11941	LAMB, R D	ALBERTA	1950	1921
12627	PIERCE, J Y	ALBERTA	1949	1921
10070	SIMPSON, W J	ALBERTA	1950	1921
11868	THOMPSON, D L	ALBERTA	1950	1921

ELIGIBLE FOR LIFE MEMBERSHIP 1986

<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF GRAD</u>	<u>YEAR OF BIRTH</u>	
<u>BRITISH COLUMBIA:</u>				
12434	STEIN, SAM	B C	1946	1913
10013	DICKSON, RONALD G	B C	1952	1919
12276	MORSE, HUGH F	B C	1953	1919
11991	BALANKO, MIKE	B C	1951	1920
12261	MIDDLETON, H DOUG	B C	1951	1920
12012	BISHOP, B A	B C	1950	1921
10942	BOWIE, J W	B C	1950	1921
12028	BOYLE, PAT	B C	1951	1921
12112	EAKINS, JAMES J	B C	1950	1921
12120	ERICKSON, VERN M	B C	1955	1921
11330	FRIEDMAN, JACK C	B C	1946	1923
12144	GARDNER, CLAUDE W	B C	1949	1921
11083	GRAY, ALEXANDER	B C	1951	1921
12164	GUENTHER, HERB	B C	1951	1921
10055	HAGUE, L A	B C	1950	1921
11154	HALL, J GORDON	B C	1949	1921
10960	JINKS, GORDON M	B C	1946	1921
11213	MOORE, FRED E	B C	1951	1921
03402	SANDER, NORM L	B C	1946	1924
10976	STRATTON, DON K	B C	1950	1921
11191	TELFORD, ROBERT B	B C	1949	1921
12466	VAN ALSTINE, R S	B C	1950	1921
12495	WILLIAMS, ERNEST H	B C	1947	1921
11016	WONG, ANDY G	B C	1947	1921

ELIGIBLE FOR LIFE MEMBERSHIP 1986

BRITISH COLUMBIA:

	<u>NAME</u>	<u>PROVINCE</u>	<u>YEAR OF</u> <u>GRAD</u>	<u>YEAR OF</u> <u>BIRTH</u>
11991	BALANKO, MIKE	B C	1951	1920
12012	BISHOP, B A	B C	1950	1921
10942	BOWIE, J W	B C	1950	1921
12028	BOYLE, PAT	B C	1951	1921
10013	DICKSON, RONALD G	B C	1952	1919
12112	EAKINS, JAMES J	B C	1950	1921
12120	ERICKSON, VERN M	B C	1955	1921
11330	FRIEDMAN, JACK C	B C	1946	1923
12144	GARDNER, CLAUDE W	B C	1949	1921
11083	GRAY, ALEXANDER	B C	1951	1921
12164	GUENTHER, HERB	B C	1951	1921
10055	HAGUE, L A	B C	1950	1921
11154	HALL, J GORDON	B C	1949	1921
10960	JINKS, GORDON M	B C	1946	1921
12261	MIDDLETON, H DOUG	B C	1951	1920
11213	MOORE, FRED E	B C	1951	1921
12276	MORSE, HUGH F	B C	1953	1919
03402	SANDER, NORM L	B C	1946	1924
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11191	TELFORD, ROBERT B	B C	1949	1921
12466	VAN ALSTINE, R S	B C	1950	1921
12495	WILLIAMS, ERNEST H	B C	1947	1921
11016	WONG, ANDY G	B C	1947	1921

CONSUMER PRODUCTS RECOGNITION

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS
OCTOBER 1985

- Members: Dr. W.B. Chapple, Chairman, Ontario
Dr. R.Y. Barolet, Quebec
Dr. G. Nikiforuk, Ontario
Dr. J. Speck, Ontario
Dr. W.C. Sturtridge, Ontario
- Observer: Dr. T. Dubas, Health Protection Branch, Health & Welfare
- Guest: Dr. Cliff Whall, Council on Dental Therapeutics, American Dental Association

1. Committee Meetings

The committee has met three times since the last Board meeting - on January 21, 1985, April 15, 1985 and May 13, 1985.

Items Requiring Board Action

2. Review of Committee's Expanded Mandate - Plaque Control Guidelines

APP.A

Further to CDA's approval of a broadened mandate for the CPR Committee and in keeping with the directive that individual products be considered only when guidelines are prepared, the following motion is made:

Be it resolved

That the Committee for Consumer Products Recognition will, at the present time, limit the products it considers to those containing pharmacological agents with therapeutic benefit and that the first class of such agents that the Committee will consider will be those aimed at plaque control.

In keeping with this motion, the committee has tabled the development of CDA plaque control guidelines until it can review the American Dental Association approved guidelines in this area. It is anticipated that ADA guidelines should be approved by early 1986 after which Canadian experts will review those materials for adoption by CDA.

CONSUMER PRODUCTS RECOGNITION

Review of Committee's Expanded Mandate - Plaque Control Guidelines - Cont'd.

As a result of the expanded mandate of the committee, it is felt that a senior staff person should be designated to manage the committee's increasing responsibilities. This new staff person would:

- work close by with the committee in the day to day management of its responsibilities
- manage corporate relations - claims and communications
- administer the recognition program
- action and approve ads
- undertake other duties as assigned and developed

It is anticipated by the committee that the current program workload will increase significantly in the future and that a senior staff person with perhaps some scientific and/or dental related background should be considered.

Items for Information - Not Requiring Board Action

3. Committee Membership

As a result of the change in committee mandate, it is suggested that committee membership be expanded to seven members from five. This will be reported in the committee's report to the Roles and Responsibilities Committee.

4. Committee Budget

Again, in keeping with changing program activities and increased costs, the committee has suggested that CDA review current costs for corporations applying for the CDA Seal of Recognition (\$5000 per application, \$2000 per renewal) to make revenues more commensurate with increased expenditures.

5. Lever Detergents - Mentadent-P

An application was reviewed from Lever Detergents for Mentadent-P. The committee granted Lever Detergents the CDA Seal of Recognition for Mentadent-P with the proviso that all advertising must exclude any mention of an active chemical ingredient to inhibit plaque. It was also stressed that anti caries must be the main thrust of all advertising, not anti-plaque.

6. Merrell-Dow - Cepacol

The CDA Seal of Recognition was granted to Merrell-Dow for Cepacol. Once again the committee stipulated that anti caries must be the first thrust of all advertising and there must be no mention of any active chemical ingredient to inhibit plaque in any advertising claims.

CONSUMER PRODUCTS RECOGNITION

7. Block Drugs - Sensodyne-F

Further to a request from Block Drugs, the committee agreed to equal billing for caries prevention and sensitization in Sensodyne-F advertisements.

8. Future Activities - Conclusions

The committee looks forward to the increased activities and responsibilities which will be generated as a result of its expanded mandate. It is anticipated that the next year will bring greater challenges and an increasingly significant role for CDA in the recognition and endorsement of products for both the public and profession.

Respectfully submitted,

B.W. Chapple, D.D.S.
Chairman
Consumer Products Recognition

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Consumer Products Recognition Committee with appreciation.

CANADIAN DENTAL ASSOCIATION
Consumer Products Recognition Program
AN ACTIVITY PLAN ORIENTATION

PREPARED FOR: Committee For Consumer Product
Recognition

DATE: Monday May 13, 1985

FROM: Mark Sarner
Manifest Communications

INTRODUCTION

This is intended as a discussion paper to follow upon the April 15 meeting of the Consumer Products Recognition Program Committee.

The introduction of a new mandate for the Consumer Product Recognition Program (CPR), suggests that the Committee faces new:

- a. Recognition issues
- b. Committee activities
- c. Committee needs with respect to financial and human resources

The Committee requires an activity plan for managing the process of change.

As a focus for the discussion required to formalize that plan, this paper outlines:

1. General Background
2. Analysis of CPR: Strengths, Weaknesses, Opportunities and Constraints
3. Strategic Alternatives and Requirements
4. Recommended Activity Plan

At the end of the day, we hope to have substantial agreement on the steps and schedule required to manage the issues and concerns of the Committee.

BACKGROUND

Without going through an unnecessary review, we can highlight a few points:

1. Recognition was previously restricted to fluoride products: toothpastes and mouthrines.
2. Nine companies presently participate in the CPR Program, as holders of the fluoride Seal.
3. Purpose of Program and Committee:
 - a. Consumer protection
 - b. Public education
4. Mandate of the Consumer Product Recognition Committee:
 - a. To represent and uphold the integrity of the CDA with respect to both the public and professional perspective.
 - b. To recognize products that meet CDA criteria for:
 - flouride based dentifrices and mouthrines
 - recently expanded to include plaque-removal products
5. Assumptions for expansion of the CPR mandate:
 - a. Program places CDA at forefront of the plaque control and periodontal disease prevention issue.
 - b. Potential means of improving public, professional and corporate relations for CDA and its member professionals.
 - c. Expands the positive public and professional profile for the Associaion.
 - d. If managed properly, the expanded CPR mandate will yield increased revenues (through application costs from corporations) such that the CPR may become a more cost-efficient program. Ideally, it would become self-sustaining.

ANALYSIS OF CONSUMER PRODUCTS RECOGNITION PROGRAMStrengths

The Fluoride Seal is:

- o Professional approval that has provided the public with an important message about the value of fluoride.
- o One means of protecting the public through enforced control of commercial claims by toothpaste and mouthrinse companies.
- o A highly visible means of enhancing and expanding the identity of the CDA in the public eye.
- o Valued by consumer product suppliers for support of their products. The seal is aggressively pursued by these suppliers.

Weaknesses

The Seal:

- o May be misconstrued as a general product endorsement.
- o Represents a claim that is limited in scope. However, the seal ends up being attached to a broad range of claims.

The Consumer Products Recognition Committee has not been able to effectively manage corporate/CDA relations because the:

- o Level of corporate activity has put pressure on CDA/CPR resources.
- o Lack of continuity and coherence in policy has created confusion in ad claims.
- o Lack of in-house scientific expertise has placed a burden on staff and CPR chairmen and members.

Opportunities

A broadened mandate provides:

- o The CDA with the chance to expand its role as a professional protector of the public.
- o A means to increase CPR revenue.
- o An opportunity to rationalize policy and procedure.

Constraints

A broadened mandate threatens to overtax the Committee and staff in terms of resources as a result of:

- o Increased volume of application activity. Companies will be aggressively pursuing the Seal for plaque.
- o Required high volume of vetting activity after seals have been granted. Companies gaining the Seal will require more CDA attention from staff/committees than attention currently being given to them.

Summary of Management Issues

Two issues are evident with which we might deal:

- o Potential value of an overall audit or needs review with respect to the Seal of Approval and all CPR communication activities.
- o Need for increased resources by the CPR Committee:
 - Expertise in the area of plaque control
 - Administrative support
 - Funding to support administrative overhead (travel to meetings etc.)
 - On-going facility for corporate relations
 - On-going communication to members

STRATEGIES FOR CONSIDERATION

Certain strategies are available to the CPR Committee to deal with the current change in mandate:

1. Increase liason activity with the ADA in order to benefit from the groundwork that has been done in that area of plaque controlling products.
2. Develop consultants and experts to review applications.
3. Initiate and maintain communication with corporations through the development and implimentation of a:
 - a. Planning timetable
 - b. CDA/Corporate relations plan that prioritizes and identifies relationships in terms of:
 - existing;
 - potential;
 - and non-relevant relationships.
 - c. Regular CPR communications program
4. Recruit staff to man the CPR functions that are required:
 - a. Corporate relations
 - b. Scientific Expertise
 - c. Advertising
 - d. Communication administration
 - e. ADA liason
 - f. Dental Awareness Program Liason

ACTIVITY PLAN

1. Review the decision on plaque guidelines.
2. Identify authority to provide review of ADA plaque guidelines when they become available.
3. Inform all corporations (current recognition holders and others) of:
 - a. Change in mandate
 - b. First area of expansion
 - c. Planning agenda
 - d. Anticipated form of relationship with CPR
 - e. Future communication plans
4. Delegate CDA staff member to act as interim corporate relations officer with a clear line of responsibility and mandate for activity
5. Review current management of CPR Program vis-a-vis:
 - a. Process for review of materials
 - b. Responsibilities and time commitments beyond meetings
 - c. Guidelines
 - d. Estimated costs

6. Need for staff reviewed and requirements fulfilled with respect to new personnel who will provide:
 - a. Corporate liason .
 - b. Vetting of advertising
 - c. Corporate communications
 - d. CPR liason
 - e. Liason with ADA
7. Review pricing structure for both applications and Seal maintenance with a view to:
 - a. Increasing CPR revenue
 - b. Increased costs (staff, etc.)
8. Review consultant's report and recommendations on Plaque
9. Publish guidelines and open Plaque Seal for business

CONCLUSION

Once the Activity Plan has been reviewed and revised, it is advisable to schedule activities and plan an agenda for the next 6 months. This ensures that the activity is conducted in a timely and efficient manner.

THIRD PARTY DENTAL PLANS

REPORT TO THE CDA ANNUAL BOARD OF GOVERNORS
OCTOBER 1985

Committee Members: Dr. D.E. MacFarlane, Chairman, B.C.
 Dr. T. Gushue, Newfoundland
 Dr. D. Gutkin, Manitoba
 Dr. W.G. Leggett, Ontario
 Dr. R.J. Markey, Executive Liaison, B.C.

1. Committee Meetings

December 10, 1984
March 7, 1985
May 6, 1985
June 3, 1985

2. Liaison Meetings

March 7, 1985 - Dr. Bill Bedford, Medical Service Branch,
 National Health and Welfare
April 12, 1985 - Blue Cross of Atlantic Canada
May 6, 1985 - CLHIA (Canadian Life and Health Insurance
 Association)

3. Items of Business Requiring Board Action

- (i) (a) THAT The Canadian Dental Association
 takes the position that third
 party carriers, including dental
 consultants to carriers, should not
 exceed their legitimate roll in the
 processing of dental benefit claims
 and specifically should not reject
 liability for complex cases without
 seeking the advice of individuals with
 specialized expertise in the disciplines
 involved.
- (b) THAT The Canadian Dental Association urge
 third party carriers to identify dental
 consultant, by name in any correspondence
 to attending dentists.
- (c) THAT The Canadian Dental Association notify
 third party carriers of this position.

THIRD PARTY DENTAL PLANS

(ii) Definition of an Audit:

Audit: any inquiry that goes beyond the routine confirmation by correspondence, of patient related data, is deemed to be an audit within the sole discretion of the Provincial Licensing Authority.

(iii) Amendment of Nine Digit Unique Number System for Dental Claims

APPENDIX I

Amendment is to assign a number to designate an incorporated practice.

**THAT the provincial designation number
have 50 added to it in the event that
the practice is incorporated.**

Note: If approved items (i), (ii) and (iii) above will become part of the new CDA guidelines on third party dental plans being developed by the Committee.

APPENDIX II

(iv) Revised CDA dental claim form

In the interest of promoting uniformity across Canada this Committee recommends to the CDA Board of Governors the acceptance of the Standard Dental Claim Form as developed by the Ontario Dental Association and approved for introduction in Ontario.

The Committee wishes to recognize the contribution of Mrs. Lorraine Emmerson and Mr. Brian Henderson.

Respectfully submitted,

Don MacFarlane
Chairman
Third Party Dental Plans
Committee

ADOPTION OF REPORT:

The Board of Governors accepts the report from the Third Party Dental Plans Committee with appreciation.

APPENDIX I

Currently approved System

Nine Digit Unique Numbering System For Dental Claims

That a nine digit numbering system be used for Dental Claim Forms and that the first two digits be allocated to identify the individual provinces, numbered as follows:

Newfoundland	01
Prince Edward Island	02
Nova Scotia	03
New Brunswick	04
Québec	05
Ontario	06
Manitoba	07
Saskatchewan	08
Alberta	09
British Columbia	10
Northwest Territories	11
Yukon	12

AND FURTHER THAT the next five numbers be allocated at the discretion of the corporate or licensing bodies,

AND FURTHER THAT the eighth number be used for specialty classification and the ninth for member classification; and the last two digits be uniform as suggested by the Council on Health Care; and

THAT when a dentist moves to another province, a new number be assigned.

Eighth number being designated for specialty classification as follows:

1. Public Health Dentists
2. Endodontist
3. Oral Pathologist
4. Oral and Maxillofacial Surgeon
5. Orthodontist
6. Paedodontist
7. Periodontist
8. Radiologist
9. Prosthodontist

APPENDIX II - A

Explanatory Notes for Revised Dental Claim Form

The dentists signature has been removed

In large computer assisted dental practices, the regime of requiring the dentist to sign each and every claim form is a nuisance and time inefficient. This has led to some dental practices having the receptionist sign the claim form, or using a rubber signature stamp, or having the dentist sign pads of blank forms before they are used. These practices negate the reason for the dentist to sign the claim form.

Dental insurance plans can also be compared to other insurance plans. To compare dental insurance to home fire insurance, the insurance holder signs the fire insurance claim form (statement of loss) stating that the fire took place and the cost of repairs was so many dollars. The fire department officials are not required to sign the claim form to verify that they were called to fight the fire. The patient, who has paid for the insurance coverage, either directly or indirectly, should accept more of the responsibility for the claiming of reimbursement benefits provided by the dental indemnity plan. The essential factor is the dentist is still legally responsible for the proper completion of any forms origination from his dental office with his name on it.

The Claim Form

Appendix II - A

1. This blank space is provided for the insurance industry. Some companies enter a transaction number for each and every claim form which they process. The box has no title so that the dentist is not responsible for the entry of this number.
2. The unique identification number of the treating dentist is entered here. This identifies the dentist and alerts the insurance company to which provincial suggested fee guide is to be used.
3. A general practitioner will leave this area blank but a specialist will enter his specialty number. This will alert the processor to which of the specialty suggested fee guide of that province is to be used.
4. Some dental offices, especially those with computers, have their own numbering system for their patients. This facilitates keeping track of information for that patient. This number should be entered here.
5. The patient identification information is entered before the dentist identification information because the insurance industry keeps its information in a system based on the patient.

6. The dentist identification section has enough space so that the attending dentist's name is entered first, then, if necessary, the group name is entered on the second line. The dentist's address, postal code and telephone number are entered in the appropriate areas.
7. The additional information area has been moved to a more prominent position to encourage more entries by the attending dentist.
8. The patient's release of information authorization section is in the dental area of this form so that the dentist is sure that he has the legal right to allow the release of this information to the insurance carrier. Then the dentist is not in conflict with laws governing the confidentiality of medical records.
9. This area is similar but not identical to the same area of the old claim form. There are three changes.
 - A - The date is in the international system of year, month, day which is being accepted by more and more companies.
 - B - The procedure code has been placed before the international tooth code. The computers enter procedure codes first. If the procedure is not a covered benefit under the patient's indemnity plan, the rest of the information is not necessary. Also, every dental procedure done has a procedure code number but many procedures may not have a tooth code number (ie. examination).
 - C - Every procedure has a dentist's fee but may not have a laboratory charge.
10. This statement verifies that these services have been performed and that the total fee has been charged to the patient. This statement also means that the dentist is legally responsible to collect the total fee and must not forgive any portion of this fee (i.e. not collecting the co-payment portion).

This completes the portion of the claim form for which it is the dentist's responsibility to complete. It is in the best interest of the dentist to assure that area 11. and 12. in the subscriber area have been completed and that the dental office has a copy of the claim form in case of dispute.

It is hoped that in the near future the insurance industry will provide the necessary questions to enable all insurance administrators to process all the dental claim forms presented. This will mean that your patient will not be required to bring to your dental office the claim form for their particular dental plan or staple a standard form to their own plan's claim form. All claim forms will originate in the dental office, either completed or a pre-printed standard claim form or produced on blank paper by the dental office computer printer. These standard dental claim forms will be processable by any dental plan administrator.



I hereby assign my benefits payable from this claim to the named dentist and author payment directly to him/her.

1		UNIQUE NO. 2		SPEC. 3		PATIENTS OFFICE ACCOUNT NO. 4		I HEREBY ASSIGN MY BENEFITS PAYABLE FROM THIS CLAIM TO THE NAMED DENTIST AND AUTHORIZE PAYMENT DIRECT TO HIM.	
LAST NAME		GIVEN NAME		DENTIST		APT.		11 PLEASE PAY SUBSCRIBER	
ADDRESS		5		6		PHONE NO.		SIGNATURE OF SUBSCRIBER	
CITY		PROV.		POSTAL CODE		FOR DENTISTS USE ONLY. FOR ADDITIONAL INFORMATION, DIAGNOSIS, PROCEDURES, OR SPECIAL CONSIDERATION.		I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY POLICY BENEFITS. I AGREE TO PAY THE ENTIRE TREATMENT FEE TO MY DENTIST FOR THE ENTIRE TREATMENT PERIOD. I ACKNOWLEDGE THAT THE TOTAL FEE OF THIS CLAIM HAS BEEN CHARGED TO ME FOR SERVICES RENDERED.	
DATE OF SERVICE YEAR MO DAY		PROCEDURE CODE		TOOTH SURFACES		DENTIST FEE		12	
9A		9B		9C		TOTAL CHARGES		SIGNATURE OF PATIENT (PARENT/GUARDIAN)	
THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND FEES CHARGED. E & O. E.		TOTAL FEE SUBMITTED		FOR PLAN ADMINISTRATOR USE ONLY		ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL		SIGNATURE OF PATIENT (PARENT/GUARDIAN)	

"is" to be moved down to next line

APPENDIX II - A
Revised Claim Form

10

This is an accurate statement of services performed and the total fee fully due and payable. E. & O. E.

REPORT ON CANADIAN FEDERATION OF LABOUR PROPOSAL ON CFL DENTAL CLINICS TO CDA BOARD OF GOVERNORS, OCTOBER 1985

Background on CFL

It should be pointed out that the CFL is a body quite separate from the Canadian Labour Congress. The CFL was formed in 1982 as a breakaway group representing, 220,000 members compared to 2,000,000 members in the CLC.

The CFL is considered to be stronger than its numbers would indicate because it is closely affiliated with the AFL-CIO Building Trade Department and International Construction Union. It has the political and financial support of this group.

Key in many of the decisions made and action taken by the CFL, is to be involved in visible activities to attract more unions to join with them. For example, the CFL Executive have put together a real estate investment corporation with the goal of shifting a greater portion of the unions pension investments into real estate.

A meeting was held on September 12, 1985 with the President of the CFL, Mr. James McCambly and his assistant Mr. Timothy Catherwood. Representing CDA was Mr. Jardine Neilson, Mr. Brian Henderson, Dr. Ron House and Dr. Don MacFarlane.

Approach Employed by CDA Representatives

The CDA representatives determined, in advance, that a confrontational approach would be avoided. Instead, there was an attempt to get Mr. McCambly to elaborate on the CFL brief and to raise, in response, questions and concerns which would illustrate problems with the concept of closed panels and their financial viability. The goal was to introduce enough doubt about the approach presented in the CFL brief to ensure further CDA/CFL dialogue and the possibility of adaptation of the CFL Plan in the course of future discussion. In general, this approach was successful and we have the opportunity to comment in detail on the CFL brief and to present further advice in a constructive fashion.

Mr. McCambly made it clear that he was aware of concerns about "closed panel" approaches. Despite the wording of the CFL brief, he indicated that CFL members would have the option of using the CFL clinic or private practitioners. He seemed, however, to be looking towards building financial incentives into the CFL plans which would encourage member utilization of the CFL clinic. The members would "save CFL money" and the incentives would accordingly be justified. It was also emphasized that the CFL clinics would be open to the general public.

REPORT ON CANADIAN FEDERATION OF LABOUR PROPOSAL ON CFL DENTAL
CLINICS TO CDA BOARD OF GOVERNORS, OCTOBER 1985

Bricks and Mortar and CFL Profile: The Bottom Line

CFL wants its own dental clinics because it wants increased visibility and services that might attract the interest of unions that are not currently members but are instead members of Canadian Labour Congress. The Health and Welfare Trustees would appear to have funds they can invest in clinics.

Any alternative approaches more consistent with the interests of the dental profession which might be presented to CFL will not succeed unless they recognize the fundamental goal of CFL profile and a visible, labelled clinic. CFL is also looking for savings and simplification in the processing of dental patients.

Assessment

The CFL Executive appears committed to proceed with this dental clinic approach. They appear quite willing to inject sufficient funds to make it work. Therefore they are likely to open and operate some clinics. The hot spot currently appears to be Alberta.

Direct confrontation should be avoided because we have relatively little power to influence the CFL directly. In fact, opposition from organized dentistry would be read by some members of the labour movement as evidence they were on the right track.

ACTION

1. The CDA representatives should continue to meet with the CFL and offer constructive alternatives to their own clinics and also to show the weaknesses and shortcomings of their approach.
2. Encourage each provincial association to identify a committee who will actively meet with CFL union health and welfare trustees to outline the problems with this approach and discuss alternatives. The CDA Third Party Committee will act as resource to provincial committees.
3. CDA Third Party Committee will develop information, materials and have briefs prepared with consultant assistance.

Respectfully submitted,

Dr. D. E. MacFarlane
Chairman, Third Party Dental Plans
Committee

EDITORIAL BOARD

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING
OCTOBER 1985

Members: Dr. J. Hardie, Chairman, Ontario
Dr. J.D.R. Grier, British Columbia
Dr. P. Desautels, Quebec
Dr. M. Klotz, Ontario
Dr. A.D. Sparrow, Alberta
Dr. R.S. Turnbull, Ontario

1. Board Meeting

The Board met on April 26th, 1985. In addition to the Board members the following were present:

Ms. C. Hackland, Journal Editor, C.D.A.
Mr. C. Metcalfe, Journal Associate Editor, C.D.A.
Ms. A. Spencer, Journal Advertising Manager, C.D.A.
Ms. C. Elliott, Journal Production Assistant, C.D.A.

Items for Information - Not Requiring Board Action

2. Circulation Report

At the request of the Editorial Board to the Membership Committee, the 1985 April edition of the Journal was distributed to all Canadian dentists. It is anticipated that a similar circulation will occur in December as part of the Membership campaign.

The regular monthly circulation of the Journal is 11,500 which represents approximately 66% of Canadian dentists. This information is now available via the Canadian Circulation Audit Board report prepared in April 1985. It is impossible to predict what impact the release of these figures will have upon the advertising revenue.

3. Freelance Contract

The Board approved in principle a contract for Freelance Writers. The sample contract will be reviewed by legal counsel prior to a request for acceptance by the CDA Executive Council.

4. Reprints

The Board agreed that Journal reprints be on high quality paper with excellent photographic reproduction and be devoid of advertising or similar material. It was appreciated that this would entail higher costs however these are absorbed by authors requesting reprints, and therefore the staff was instructed to provide such reprints as soon as possible.

EDITORIAL BOARD

5. English Scientific Editor's Report

From April 1983 to March 1984, 51 articles were submitted for publication with 15 being rejected. From April 1984 - March 1985, 42 articles were received with 7 being unsuitable for publication. A reason for the decline may be that the lead time to actual publication had increased from 10 to 18 months. This has now been reduced to 12 months which is considered reasonable, with an ideal lead time being about 10 months.

6. Redevelopment of the Journal

A major portion of the April meeting was devoted to a discussion on the goals and objectives of the Journal. The Chairman emphasized that he, Board and staff members were confused as to the mandate, responsibility, and authority of the Board; and to the Board's position within the C.D.A. corporate structure. The members expressed concern that this indecisiveness was adversely affecting their ability to counteract the increasing attractiveness of other Canadian dental publications.

Two action plans were implemented. The first was directed to an improvement of the Journal's image by:

- i the use of coloured screens and headings
- ii the publication of articles with direct clinical appeal

The purpose of the second plan was to develop a mandate and authority for the Editorial Board which would reflect the opinions of the present members and support staff. This statement would be presented to Executive Council for consideration.

Respectfully submitted

J. Hardie, B.D.S., F.R.C.D. (C)
Chairman
Editorial Board

ADOPTION OF REPORT:

The Board of Governors accepts the report from the Editorial Board with appreciation.

CONVENTION COMMITTEE

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING
OCTOBER 1985

Items For Information - Not Requiring Board Action

1985 Convention

September 29 to October 2, Ottawa, Ontario.

Status Report

Seven general convention planning meetings have been held, with a last meeting scheduled for August 8, 1985.

The scientific and social programs have been confirmed as they appeared in the Preliminary Program, mailed to all dentists in Canada in mid May.

For the first time, a health screening program will be offered to dentists during the Convention. This will take place in the Congress Centre.

To date (June 20) registrations are as follows:

69 dentists
70 hygienists
8 assistants
39 spouses

(The Convention has been budgeted on attendance by 1,000 dentists.)

One hundred and forty-six exhibit booths have been sold to date. The CDA Library will be represented in the exhibit area by Trudi DiTrollo, CDA's Librarian, who will inform delegates on how to use and access both the CDA Library and the Medlars Information Retrieval System.

A special invitation has been sent to all dentists in the Ottawa - Kingston and Hull areas to attend the Convention.

All specialty and affiliate groups meeting with CDA have been contacted concerning a special registration fee for dentists who register for their specialty group meeting and wish to register for CDA, as well. They will be offered a special rate to allow them access to all scientific sessions and exhibits. All social tickets are extra.

CONVENTION COMMITTEE

On Monday, September 30, the President will address the delegates at a formal luncheon. Awards will also be presented at this time. (This was traditionally done at the Installation Ceremony. This year, however, the Installation Ceremony will occur separately, on Thursday evening, October 3, at the Chateau Laurier Hotel.)

The traditional Past Presidents' Breakfast has been replaced by a luncheon which will be held on Tuesday, October 1 at the Westin Hotel.

The CDA Journal has extensively covered the CDA Convention during recent months. The Convention is again scheduled to be highlighted in a special Convention issue earmarked for August 1985.

All attendees to the CDA Board have been contacted concerning advance booking of their hotel accommodation at the Westin Hotel.

In addition, the Presidents of the American Dental Association, British Dental Association, Canadian Pharmaceutical Association and Canadian Medical Association have been invited to attend as guests of CDA. To date, none have confirmed.

1986 Convention

August 24-27, Halifax, Nova Scotia

The Committee has met eight times.

Both the social and scientific programs are in place. The Scientific Chairman has received verbal commitments from all speakers and is awaiting written confirmation. The social program has been planned and prices are being confirmed.

It is expected that a Convention budget will be developed at the next meeting scheduled for July 11, 1985.

The Chairman of the 1986 meeting, Dr. Ian Vogan, will be present at the 1985 meeting to invite all attendees to Halifax. In addition, an information booth on the 1986 meeting will be set up in the registration area to provide delegates with further details on the meeting and the City of Halifax.

1987 Convention

August 30 - September 2, Quebec City

Quebec City has been confirmed as the Convention site and Dr. J.C. Giguere has been appointed as Convention Chairman.

A site inspection is being planned to review the bedroom and meeting room facilities.

Information has been forwarded to Dr. Giguere on CDA's Convention Protocol and a Committee is being formed to undertake the planning process.

CONVENTION COMMITTEE

-3-

1988 Convention

August 28-31, Edmonton, Alberta

Edmonton has been confirmed as the convention site for 1988 and Dr. Roger Ellis has been appointed Chairman.

Dr. Ellis has been forwarded literature on CDA's annual meeting. Hotel and meeting room space has been blocked.

It is anticipated that Dr. Ellis will meet with CDA staff at the time of the Ottawa meeting to begin the formal planning of the 1988 meeting.

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Convention Committee with appreciation.

The Board extends special appreciation to Linda Teteruck for her efforts in making the 1985 Annual Convention in Ottawa a success.

TAXATION COMMITTEE

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING
OCTOBER 1985

Members: Dr. R. N. Hicks, Chairman, Vancouver
Dr. P. R. Crawford, Winnipeg
Dr. B.W. Holmes, Kenora

Items for Information - Not Requiring Board Action

I. Professional Management Companies (PMC's)

I am pleased to report a successful conclusion to the long-standing issue of Professional Management Companies and Revenue Canada - Taxation Policy.

Following recent meetings with the Director General - Appeals (Mr. Robert D'Avignon) and the Director General - Audit Directorate (Mr. John Robertson), Revenue Canada - Taxation has now agreed, that, as a general rule, a 15% "mark-up" on all services (and direct costs) provided by the Management Company to the professional practice is a reasonable expense of the professional practice.

More specifically, the general rule will be that "mark-ups" on services provided to professional practices by PMC's will be accepted to the extent that the "net income" from the services provided to the professional practice do not exceed 15% of the total cost in providing the services (i.e. all services and direct costs related to the provision of these services).

This issue has been under active consideration by the Taxation Committee for two and a half years. We have constantly recommended that dentists appeal all Revenue Canada audits of PMC's and professional practices that disallowed 15% "mark-up" on all services (and direct costs) provided by PMC's. Those dentists who followed this advice will now be able to conclude their appeals on re-assessment using this new Revenue Canada - Taxation Policy. In addition, future audits will reflect this current policy. A letter has been sent to all Canadian dentists in order to provide more specific information. It should be noted that both the Director General - Appeals and the Director General - Audit Directorate have reviewed the letter and agree with its content. In addition, the Director General - Audit Directorate will be recommending that a revision to the Interpretation Bulletin 189 occur to reflect the contents of this letter.

APPENDIX 1

The impact of this work done by the CDA will also apply to other professionals utilizing PMC's resulting in a wide-spread affect of our efforts. Information on the current policy of Revenue Canada has been communicated to the Canadian Bar Association, Canadian Medical Association, and the Canadian Institute of Chartered Accountants.

APPENDIX 2

II. Pre-Tax Pension Contributions

a) By Self Employed Persons

The recent Budget speech (May 23, 1985) proposed significant improvement in RRSP contribution limits and regulations related to these tax-assisted pension contributions.

The CDA was responsible for the formation of the Joint Professional Committee which has worked over the past two years to obtain improvement in the RRSP regulations. The objectives of this Committee were to achieve an increase in the annual RRSP contribution level, to have the contribution level indexed in future years, and to provide greater flexibility in the timing of retirement saving contributions (past-service contributions).

A summary of the new RRSP contribution limits for those individuals who save through RRSP's are as follows:

- RRSP contributions not exceeding 18% of earnings become deductible up to a maximum of:

\$7,500.00 in 1986

\$9,500.00 in 1987

\$11,500.00 in 1988

\$13,500.00 in 1989

\$15,500.00 in 1990

- Indexing of maximum contributions will be started in 1991.
- Carrying-forward of unused RRSP contributions for up to seven years will be in effect from 1986 onward.

Excess Contributions:

Under current law, excess contributions to the deferred profit sharing plans and RRSP's are not deductible. Excess amounts above a threshold of \$5,500 are subject to a penalty tax of 1 per cent per month and to full taxation upon withdrawal.

Under the budget proposals, the 1 per cent per month tax on excess contributions will be maintained, but withdrawals of non-deducted excess contributions will be permitted tax free.

Maturation of RRSP's Prior to Age 60:

Under existing rules, RRSP's can be matured, in the form of annuities or registered retirement income funds (RRIF's), between the ages of 60 and 71. In order to assist those who retire prior to age 60, the minimum age restriction on the maturation of RRSP's will be removed effective January 1, 1986.

(b) By Employed Persons

The May 1985 Budget also proposed changes to tax-assisted pension contributions by salaried dentists (i.e. employed persons).

To explain the recent budget effect on salaried dentists, it is necessary to provide two important definitions:

Defined Benefit Pension Plans

- Those plans which promise a certain annual level of pension i.e. 70 per cent of the last five years average annual income.

Money Purchase Pension Plans

- Those plans that will provide whatever annual pension benefit the accumulated contributions will buy through the purchase of an annuity.

A registered pension plan (RRP) sponsored by an employer is usually a defined benefit plan but it could be a money purchase plan. Deferred profit sharing plans (DPSP) are also sponsored by the employer but are money purchase plans while registered retirement savings plans (RRSP) are private money purchase plans.

Employer and Employee Funded Pension Plans

Existing legislation for employee pension plans with defined benefits permits contributions of 2 per cent of earnings for each year of service to a maximum annual pension benefit of \$60,025. This limit on pension benefit will remain in place.

However, under existing provisions, employees are not allowed to deduct contributions to an employer-sponsored plan in excess of \$3,500 even where the excess is required to fund pensions up to the allowable limit. The current budget proposes to increase the limit on employee contributions to define benefit plans to \$15,500 in 1986.

Currently, defined benefit plan employees can also make annual contributions of \$3,500 to an RRSP but this amount is reduced by their contributions to employee-sponsored plans. The 1985 budget proposes to allow defined benefit plan members to make additional tax-deductible RRSP contributions of up to \$2,000 a year regardless of the contributions to the employer plan.

In addition to the overall dollar limits, transitional arrangements will reduce retirement savings contributions from 20 per cent to 18 per cent employee earnings. This 18 per cent limit will include contributions to RRSP, registered pension plans and deferred profit sharing plans.

Under the present system, employees participating in employee-sponsored plans can often obtain increased benefits or extending credit for additional years of past service. Since employees who are members of defined benefit plans already have opportunities to upgrade prior years' pension credits, the new budget proposals regarding past service contributions (carry forward provisions) will apply primarily to money purchase plans. The budget proposes to permit a carry-forward of up to \$2,000/year for defined benefit plan members and of up to \$15,500/year by 1990 for those who do not belong to a defined benefit plan.

The new proposed rules for salaried dentists (i.e. employed persons) have additional complex provisions that apply to Deferred Profit Sharing Plans, combinations of employer-sponsored plans, percentage limit on contributions, transfer of pension income to RRSP, transfer of retirement allowances to an RRSP, employer contributions to RRSP, etc. It is recommended that salaried dentists consult with their accountants to ascertain how the new proposals will affect them on an individual basis.

TAXATION COMMITTEE

(c) Summary of new RPP-RRSP Contribution Limits

- **Individuals who saved through RRSP's only** - RRSP contributions not exceeding 18% of earnings become deductible up to a maximum of \$7,500 in 1986, \$9,500 in 1987, \$11,500 in 1988, \$13,500 in 1989, \$15,000 in 1990.

- **Members of money purchased RRP's** - combined employer and employee contributions not exceeding 18 per cent of earnings to RRP's and RRSP's become deductible to a maximum of \$15,500 in 1990 on the same schedule identified above for RRSP's.

- **Members of defined benefit RPP's** - employee contributions to defined benefit RPP's become deductible up to a maximum of \$7,500 in 1986 and increasing to \$15,500 in 1990 on the same schedule as identified for RRSP's.

- **Employee RRSP** - contributions not exceeding 18% of earnings become deductible to a maximum of \$2,000.

- **All individuals** - carry forward of unused RRSP contributions for up to 7 years, effective from 1986. - Indexing of maximum contributions in pension benefit limits to the average wage, starting in 1991.

This long standing project of the Taxation Committee has finally come to a conclusion but the implementation of the proposals will be monitored by the Committee.

III. Federal Sales Tax on Dental Articles

The Federal Budget speech (May 23, 1985) announced that exemption from sales tax applying to dental articles will be ended on July 1, 1985. A tax of 10% will then apply and the tax will generally be applied at the wholesale level.

Specifically, the articles that will be eligible for the federal sales tax are:

- dental instruments
- needle and syringes
- prepared surgical sutures
- x-ray articles and film
- dental material

These dental articles were not singled out in the Budget but were included in two main groups of goods identified as surgical/dental/medical goods and health goods.

Federal Sales Tax on Dental Articles - Cont'd.

The Taxation Committee is recommending that CDA deliver a letter to the Minister of Finance identifying concern about the new tax that will result in an increase in the cost of dental health care to the Canadian public. While the amount is probably not significant on individual treatment procedures, the collective cost increase should not be allowed to be imposed without comment. APPENDIX 3

IV Taxation "Update" Lecture

At the May 12-15 Ontario Dental Association meeting, a "CDA Taxation Update" lecture was presented by the Chairman of this Committee and Mr. Tom McDonnell - tax lawyer from McMillan Binch (Toronto). Items related to professional management companies and incorporation of professional practices were the main content of the lecture. Based on the many questions offered during the lecture and active discussion at its conclusion, it appeared that the presentation was well received.

A special note of appreciation is extended to Mr. McDonnell who donated his services for this occasion.

V Incorporation of Dental Practices

An article on the benefits of incorporation of professional practices by Mr. John Gregory - tax lawyer from Thorsteinsson, Mitchell, Little, et al (Vancouver) was published in the July issue of the CDA Journal.

Mr. Gregory has been actively involved in incorporating a number of dental practices in B.C. and the Committee is grateful for his undertaking to provide CDA with this valuable article.

VI Tax Planning for Retirement

This is an important area of taxation that many professionals fail to prepare for. An article on this subject by a Vancouver tax lawyer, Mr. Ed Kroft, will appear in a future CDA Journal.

This article will be delayed until implementation of the May, 1985 budget proposals.

TAXATION COMMITTEE

VII Professional Service Corporations

The present definition of a personal service corporation can apply to certain professional practices. When a professional management company (PMC) is classified as a personal service corporation a taxation rate of 50% applies. Under the present regulations, the Personal Service Corp. status will not apply if the professional's spouse is not employed by the management company.

The Taxation Committee has continually opposed the application of personal service corp. regulations on professional management companies. Communication with the Department of Finance will soon be initiated with the objective of relieving PMC's of this unjustified application of tax law.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.,
Chairman
Taxation Committee

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Taxation Committee with appreciation.

May, 1985

Dear Colleagues:

Re: Revenue Canada Policy
PROFESSIONAL MANAGEMENT COMPANIES (PMCs)

I am pleased to inform you that, following a long period of discussions, Revenue Canada - Taxation has now agreed that, as a general rule, a 15 per cent "mark-up" on all services (and PMC direct costs) provided by the management company to the professional practice is a reasonable expense of the professional practice.

More specifically, the general rule will be that "mark-ups" on services provided to professional practices by PMCs will be accepted to the extent that "net income" from services provided to the professional practice does not exceed 15 per cent of total costs in providing the services (i.e. all service and direct costs related to the provision of these services).

Examples of the PMC expense items that the department will recognize as eligible for "mark-up" are:

- all salaries/benefits (including auxiliaries and para-professionals)
- all practice/company supplies (dental and office supplies)
- laboratory services
- equipment/furniture depreciation (and/or rental costs)
- rent, utilities, telephone, maintenance/repairs
- postage, laundry, subscriptions, etc.
- bank charges/interest, taxes, business licences, business insurance
- advertising and promotion
etc.

This list is not intended to be exhaustive. Additional items would be considered for "mark-up" if the circumstances warrant such an approach. For example, a percentage of automobile expenses will be considered if the automobile use is identified as being necessary.

Direct personal professional services will not be accepted for mark-up. For example, professional licence fees and dues, convention expenses, continuing education expenses, professional malpractice insurance, etc., paid for by the PMC will not be eligible for "mark-up".

It is important to note that two main tests utilized by Revenue Canada to accept PMCs will continue to be enforced:

- 1) that the PMC is a bonafide valid business operation

and,

- 2) that a written agreement exists between the professional practice and the PMC that identifies the services to be supplied and the remuneration agreed upon.

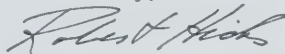
In addition, the usual tests of reasonableness and fair market value on charges claimed as expense by the professional practice will apply. The services supplied to the professional practice must also be those usually and customarily required by the professional practice.

All professional practices and/or professional management companies that are currently appealing Revenue Canada reassessments should contact their local appeal office in order to conclude the settlement procedure.

You may wish your tax advisor to review this letter in order that advice can be given on how this current policy affects your professional practice.

Appreciation is extended to the Minister of Revenue, the Director General - Appeals Branch and the Director General - Compliance Directorate for their assistance in this matter.

Sincerely,



Robert N. Hicks, D.D.S., M.S.
Chairman
Taxation Committee



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

July 25, 1985

The Honourable Michael H. Wilson
Minister of Finance
Room 515 - S
House of Commons
Ottawa, Ontario
K1A 0A7

Dear Mr. Wilson:

In the Budget of May 23rd last, you stated your concern about the magnitude of the national debt and the urgent priority you have placed on taking effective measures to deal with this problem.

The Canadian Dental Association applauds your initiatives and supports you in the broad general thrust of your Budget as it relates to deficit control. As taxpayers, the members of our Association understand the necessity of higher personal and corporate taxes as part of this process.

However, we urge you to reconsider whether the specific proposals to remove the federal sales tax exemption from certain health goods, dental instruments, x-ray apparatus and x-ray films are appropriate measures to assist in raising federal revenues.

Prior to the Budget, these items were exempt from the federal sales tax. We suggest there are good policy reasons why this was, and should continue to be, so. The federal sales tax adds directly to the cost of items subject to the tax. In the case of dental instruments, x-ray equipment and supplies, dental supplies and related health goods, removing the exemption will have the direct result of increasing the cost to Canadians of obtaining dental treatment and preventive care.

If, as we suspect, this leads to a decline in the use of dental services on a current basis, the long run result is likely to be increased dental treatment needs. In social terms, we question whether the short run benefit in terms of debt reduction is worth this risk.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

May 13, 1985

Mr. K.C. Fincham
Executive Director
CICA
150 Bloor St. West
Toronto, Ontario
M5S 2Y2

Dear Mr. Fincham:

Re: Revenue Canada Policy
PROFESSIONAL MANAGEMENT COMPANIES

I am pleased to report successful conclusion to the long standing issue of Revenue Canada - Taxation policy related to Professional Management Companies.

The Canadian Dental Association initiated discussion with Revenue Canada in late 1982 when the department's audit policy resulted in very restrictive allowable expenses related to Professional Management Companies. Recent meetings achieved agreement that the new Revenue Canada - Taxation policy will be that as a general rule, a 15 per cent "mark-up" on all services (and direct costs) provided by the management company to the professional practice is a reasonable expense of the professional practice.

More specifically, the general rule will be that "mark-ups" on services provided to professional practices by professional management companies will be accepted to the extent that the "net income" from the services provided to the professional practice does not exceed 15 per cent of total costs in providing the services (i.e. all service and direct costs related to the provision of these services).

I am enclosing a letter that has been sent to our members providing additional information. You may find this of use in the event you inform your members of this new policy.

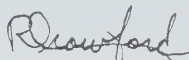
Sincerely,

Robert N. Hicks, D.D.S., M.S.
Chairman
Taxation Committee

The Honourable Michael H. Wilson
July 25, 1985
Page 2

We urge you to reconsider your Budget proposals in this area. We are available to meet with you or your officials to outline in greater detail how these proposals would, if enacted, impact on the cost of delivering dental services.

Yours very truly,



P. Ralph Crawford, D.M.D.,
President

c.c. Dr. Robert N. Hicks
Chairman
CDA Taxation Committee

b.c.c. Dr. B.W. Holmes

APPENDIX S



Health and Welfare
Canada

Santé et Bien-être social
Canada

EXECUTIVE DIRECTOR	
Room 1970	
Jeanne Mance Building	
Tunney's Pasture	
OTTAWA, Ontario	
K1A 0L3	

Room 1970
Jeanne Mance Building
Tunney's Pasture
OTTAWA, Ontario
K1A 0L3

March 14, 1985

Dr. B. Holmes
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

RE: Policy Advisory Board
National School of Dental Therapy

Dear Dr. Holmes:

Further to our discussions on the above-noted subject, I would suggest that such a Board be kept as flexible as possible. If a terms of reference document similar to the original proposal was to be used, I am not sure that the Board would be anything more than a "watchdog" and I hope that is not what is being proposed.

My suggestions would be that the Board be composed of:

- Director, Indian and Inuit Health Services;
- Senior Consultant, Dentistry;
- Director, National School of Dental Therapy;
- One Regional Dental Officer (employing therapists), rotational basis;
- Representative, Canadian Dental Association;
- Representative, Saskatchewan College of Dental Surgeons;
- Representative, Prince Albert Dental Association.

I would propose that the Board meet twice each year, say April and October, holding one meeting in Prince Albert and one in Ottawa.

.../2

Dr. B. Holmes
March 14, 1985
Page 2

The School Director and the Representatives from the profession would be non-voting members but would retain a formal right of appeal to the Assistant Deputy Minister where recommendations made were deemed contrary to the best interest of the dental profession.

It is my feeling that this appeal process precludes the need for the other points noted in the original document. However, if you feel strongly about including some specific points, perhaps you could so advise me and we could meet to discuss this further.

Yours sincerely,

A handwritten signature in dark ink, appearing to read 'W.R. Bedford', is written above the typed name.

W.R. Bedford, DDS, DDPH
Senior Consultant, Dentistry
Indian and Inuit Health Services
Medical Services Branch

c.c.: Dr. David Martin
Director
Indian and Inuit Health Services

Dr. Keith Davey
Director
National School of Dental Therapy



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

FROM THE OFFICE OF THE PRESIDENT

June 10, 1985

Dr. W.R. Bedford
Senior Consultant - Dentistry
Health and Welfare Canada
Room 607
Jeanne Mance Bldg.
Tunney's Pasture
Ottawa, Ontario
K1A 1B4

Dear Bill:

Further to our conversation at the ODA Spring meeting, I would like to make a formal request to clarify voting privileges on the proposed Advisory Board to the School of Dental Therapy.

It would be most beneficial to have a copy of the document which stipulates that only government employees can be voting members on such a committee.

Please advise at your earliest convenience as I would like to have this information for our July 5-6 Executive Council meeting.

Regards,

Bradley W. Holmes, D.D.S.
President-elect



Health and Welfare
Canada

Santé et Bien-être social
Canada

Room 1962
Jeanne Mance Bldg.
Tunney's Pasture
OTTAWA, Ontario
K1A 0L3

Your file Votre référence

Our file Notre référence

800-1-1

July 2, 1985.

Dr. Brad Holmes
President Elect
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

Dear Dr. Holmes:

Further to your inquiry regarding voting rights of non-public servants who sit on government advisory boards that may recommend policy, it is the practice of this office to restrict voting rights to public servants only.

The prime purpose of having members of your profession sit on such a proposed board is to further communication lines between the dental community and Medical Services Branch with respect to the ongoing operations of the National School of Dental Therapy.

I hope that this will serve to clarify our position on this matter.

Yours truly,

Donald A. Obonsawin
Director General - Operations
Medical Services Branch



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

April 11, 1985.

Hon. Jake Epp, M.P.
Minister,
Health & Welfare Canada,
House of Commons
Ottawa, Ontario

Dear Minister:

The Canadian Dental Association wishes to bring a matter of urgent concern to your attention. In an earlier brief to the federal government, the Canadian Dental Association attempted to point out potential conflicts between the Canada Health Act and existing provincial legislation pertaining to dental services.

Since the implementation of the Canada Health Act, problems have arisen in this regard. The Canada Health Act stipulates that extra billing "means the billing for an insured health service rendered to an insured person by a medical practitioner or a dentist in an amount in addition to any amount paid or to be paid for that service by the health care insurance plan of a province". The regulations in the Canada Health Act prohibiting extra billing are surely meant to apply to specific insured services. This position is not in fact being recognized in provincial implementation of the Canada Health Act. The regulations are being extended to provincial dental programs which are not part of the federal-provincial agreement on cost-sharing and which accordingly do not fall under the Act.

Each province has a position or a provincial act which delineates specific dental procedures that are insurable items. CDA contends that any of the procedures involved in the treatment of a patient that are not specifically listed as covered in provincial legislation are excluded from the regulation of the Canada Health Act pertaining to extra billing for insured services. Traditionally in dental services the provincial medical plans have covered only specific fee items. Often in the case of surgical dental extractions the consultation and radiographs have not been covered services, only the surgical removal of the teeth has been covered, together with post operative care. Fees for the other necessary services have been collected from the patient.

Unfortunately, the situation is further complicated by the Canada Health Act being interpreted, in some provinces, to imply that there is no difference between an overall treatment plan and an individual insured service component (many of which require related services for their satisfactory completion). Examples are provided in the attachment to this letter.

Although we recognize that the problems noted are occurring at the provincial level, they are the direct result of the introduction of the Canada Health Act. We feel that it is imperative that the Federal Government clarify the limitations of the Act with both provincial governments and the insurance industry so that provincially uninsured elements of an overall treatment plan can continue to be covered by alternative insurance or by direct payment.

The CDA respectfully requests the federal government to take action to prevent further such misinterpretation of the Act and to record a position that may serve as a reference in such instances for both the provinces and third-party insurers.

Yours sincerely,

P. Ralph Crawford, D.M.D.
President,
Canadian Dental Association.

Attach.

c.c Dr. D. MacFarlane, Chairman
 CDA Committee on Third Party Dental Plans
 Dr. J. Gryfe, Chairman
 CDA Council on Hospital and Institutional Dental Services
 Dr. Ron Warren, President
 Canadian Association of Oral and Maxillofacial Surgeons
 Dr. William Bedford, Senior Consultant Dentistry,
 Health & Welfare Canada

Example 1:

A patient presents to an Oral and Maxillofacial Surgeon's office for multiple extractions plus the enucleation of a cyst which necessitates a general anaesthetic. The practitioner in performing all of this surgery to the patient's benefit at one sitting would normally bill the patient for the initial examination and consultation, radiography performed in the dental office, the provision of the general anaesthesia and general anaesthetic facilities, plus the extraction of the teeth. He would then bill the appropriate Provincial Medicare scheme for the enucleation of the cystic lesion. According to many private insurance agencies, once the medicare scheme has been billed for the enucleation of the cystic lesion, the individual practitioner is not allowed further reimbursement for any other related services, including the extraction of the teeth, the initial examination and consultation, radiography or provision of general anaesthesia and general anaesthetic facilities. Since the costs incurred in providing these services for the patient will obviously exceed that which is paid by the Provincial Medicare scheme (for the single isolated item which they cover) the dentist not only performs the surgery at his own risk, but also at his own expense.

Example 2:

A patient presents for a pre-prosthetic skin graft requiring the construction of a graft-carrying splint. Here, the private dental insurance plans are insisting that because the practitioner has charged for the surgical procedure under the appropriate Provincial Medicare scheme, he cannot charge the patient for any of the services which he has provided related to that procedure. This means that a dentist cannot bill either the dental plan or the patient for his initial examination and consultation, the necessary diagnostic dental radiography, the obtaining of intra-oral impressions for study casts or for any laboratory fees associated with the construction and fabrication of the splint.

Example 3:

A patient presents for correction of a congenital anomaly which requires periodontic, orthodontic and surgical treatment to best achieve a successful result. The treatment plan may involve multiple services of procedures performed at different times by different specialists in different locales (i.e. the hospital and/or a private office) over an extended period of time. As the Canada Health Act regulation against "extra-billing" is currently being interpreted, by both provincial government and private insurers, the specialists are being paid for their initial service only.



p.c. Dr. Gryfe
Brian Henderson

MINISTER OF NATIONAL HEALTH AND WELFARE

MINISTRE DE LA
SANTÉ NATIONALE ET DU BIEN-ÊTRE SOCIAL

OTTAWA, K1A 0K9

12 VI 1985

P. Ralph Crawford, D.M.D.
President
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

Dear Dr. Crawford:

Thank you for your letter of April 11, 1985, concerning problems dentists are experiencing in receiving payments for services rendered.

You are correct in your understanding that the provisions of the Canada Health Act, as they relate to dental services, are meant to apply to specific insured services. Under the Act only surgical-dental services, which are defined as "any medically or dentally required surgical-dental procedures performed by a dentist in a hospital, when a hospital is required for the proper performance of the procedures", are insured dental services under the Act. Each province determines which surgical-dental services require a hospital for their proper performance.

The intent of the Canada Health Act is neither to expand nor contract the range of insured services covered under previous legislation. However, it would appear from the examples you cite that a misunderstanding exists among the provincial and private insurers as to the application of the provisions of the Canada Health Act.

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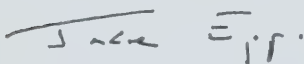
Page 2

P. Ralph Crawford, D.M.D.

I am concerned about these problems and have, therefore, instructed my officials to examine this situation with the administrators of the provincial plans, at the earliest possible opportunity. A multilateral federal-provincial meeting is scheduled for late in June, and this topic has been added to the agenda.

I will inform you of the outcome of the meeting, as it pertains to this issue, as soon as possible.

Yours sincerely,

A handwritten signature in dark ink, appearing to read "Jake Epp". The signature is stylized with a long horizontal stroke at the beginning and a small mark at the end.

Jake Epp

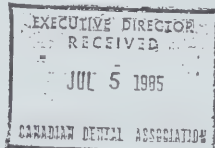


c.c. Dr. Holmes, Dr. Crawford, Brian Henderson
Dr. Gryfe

canadian association of
oral and maxillofacial surgeons

association canadienne des spécialistes
en chirurgie buccale et maxillo-faciale

June 26, 1985.



Dr. P. Ralph Crawford, President,
Canadian Dental Association,
1815 Alta Vista Drive,
OTTAWA, Ontario.
K1G 3Y6

Dear Ralph,

RE: CANADA HEALTH ACT

I have just received a copy of the response to our brief to the Minister of National Health and Welfare. I was overjoyed! It certainly goes to prove that the "squeaky wheel gets the grease".

I would especially like to take this opportunity to thank you, Brad Holmes, Brian Henderson, Jack Gryfe and other members of your organization that were kind enough to first of all listen to my problem and be willing to not only support our specialty organization, but also go to "bat" for us. Again, on behalf of all members of the Canadian Association of Oral and Maxillofacial Surgeons, my sincere thanks.

I would appreciate receiving a copy of any correspondence that arises out of the Federal/Provincial Health and Welfare meeting that is to take place shortly. Best personal regards.

Sincerely,


R. E. Warren, D.D.S., F.R.C.D. (C)
PRESIDENT,
Canadian Association of Oral and Maxillofacial Surgeons.

REW/jal.

News Update

PAEDODONTIST IS DEDICATED TO ELIMINATION OF SPORTS INJURIES

Until recent years, there was a steady flow of youngsters with loose, chipped or broken teeth, into dental clinics across Canada.

The number of victims of sports injuries was growing by leaps and bounds until an Islington, Ontario, paedodontist felt compelled to do something about it.

Dr. Art Wood's zeal to eliminate what he considered unnecessary sports injuries has done much to reduce this parade to a mere trickle.

A graduate of the University of Toronto's faculty of dentistry in 1943, Dr. Arthur S. Wood, DDS, Dip. Paedo., FRCD(C), has spent nearly 33 years developing, producing and testing protective devices for young athletes involved in contact sports such as hockey, lacrosse and football.

His expertise and achievements in this field are now known and respected internationally.

His concern and enthusiasm haven't diminished in the least over those years. If anything, they have increased, because today, his concerns are shared by a whole sympathetic team of professionals, who, with the aid of sophisticated modern technology and financial resources, can achieve goals Dr. Wood only dreamed about a few years ago, and in a much shorter time frame than he would have thought possible.

CDA Representative

Since 1970, Dr. Wood has been Canadian dentistry's spokesman as a member of the Canadian Standards Association's Technical Committee for Evaluation of Protective Equipment for Athletes. The committee was established in that year, and Dr. Wood was named representative of the Canadian Dental Association.

The committee was formed, Dr. Wood told the Journal, largely because of his complaints about the quality, or lack of it, in sports protective equipment on the market at that time.

He had appeared in a television interview and complained about the necessity for more effective protective gear and the prevalence of "junk" on the market.

Zeal Kindled in 1952

His personal mission began in 1952, when, as coach of a team of youngsters in a Toronto Metro area minor hockey league,



A. W. S. Wood, DDS, FRCD(C)

he was appalled at the frequency of head and mouth injuries suffered during each season.

Not content to sit back and let someone else solve the problem, Dr. Wood accepted the challenge personally. A fellow coach, Charlie Patterson, who was an engineer and researcher at York University in Toronto, agreed to assist him. (Mr. Patterson also became widely known for the development of protective sports helmets.)

The basement of Dr. Wood's home became the research and development centre. Here the two men studied the nature of sports hazards, designed, and actually made, various types of protective devices for the head and oral regions. They were then tested under actual game conditions.

If the gear didn't prove effective, it was back to the drawing board in Dr. Wood's basement.

While Dr. Wood concentrated on the dental area — mouthguards — Mr. Patterson worked at perfecting protective helmets.

Dr. Wood's achievements won him the respect and gratitude of parents, fellow coaches and the players themselves. For this he earned the title — "Father of the Mouthguard" in Canada.

In recognition for his many hours of voluntary work and considerable personal expense, Dr. Wood was named to the Mississauga, Ont., Hockey Hall of Fame.

Recent Developments Exciting

Dr. Wood and his CDA alternate on the CSA Technical Committee, Dr. Franklin Pulver, have found recent achievements, with the assistance of modern technology, much more exciting.

The 67-year-old paedodontist becomes

very animated when he explains a recent development of international significance. For many years the CSA Committee has been attempting to find a head model of an average seven to 10 year old boy, to properly evaluate the effectiveness of newly-developed hockey helmets and face guards.

Just over one year ago, a task force was named, calling on the expertise of professionals who provided input in anthropology, ophthalmology, dentistry, plastic surgery, restorative prosthetics and computer science, to develop a headform with human features, to exact proportions.

The data and dimensions were provided to the restorative prosthetist, who sculpted the facial features of an average seven year old boy (later dubbed "Allan Average"), in clay. This model was accepted by the CSA Technical Committee, and Drs. Wood and Pulver indicated on this headform the oral areas that required protection. It was then sent to Ottawa, Ont., where a mold was made and a durable plastic headform was created that would not shatter under impact during testing.

The headform (the development of which is described in detail in another feature story in this edition of JCD) is the ultimate vehicle for testing the fit and effectiveness of head, facial and oral region protective devices, and to enable CSA to establish standards.

The headform has been described by a CSA Committee member as a forerunner in the international field in this area. "Dr. Wood is particularly proud that 'dentistry played such a major role' in its development. He said the committee is also grateful that the federal Consumer and Corporate Affairs department made funding available for the project — about \$53,000. The Americans are still 'trying to achieve this,'" Dr. Wood said. "They've spent nearly \$400,000 and haven't been able to do it yet," he told the CDA Journal.

Encouraged by this success, the committee now hopes to design a similar headform representing females in the same age bracket.

CSA Committee

The CSA Technical Committee includes personnel from professional and amateur sports organizations and leagues in Canada and the United States, representatives of sporting goods manufacturing firms, engineers, members of other scientific fields and

physicians and dentists. It is concerned basically with the nature of sports injuries, factors causing them, the design of necessary protective equipment and expediting the development and manufacture of this equipment to reach the market as soon as possible.

Equipment already on the market is also tested to determine efficiency or lack of it. Sophisticated technology includes a device which will shoot a puck at a face mask or helmet at speeds up to 144 kilometres per hour, to determine any flaws in the equipment.

A steady flow of sports injury statistics is studied and new areas of concern continue to be identified.

In line with CSA objectives, the committee helps draft desirable standards for protective equipment before it is made available in the marketplace.

The committee's first priority was setting standards for hockey helmets for use in Canada. This was realized in 1978. The next challenge was to develop standards for eye and mouth area protection devices. Intra-oral mouthguard standards were approved shortly after this date. Dr. Wood's personal input in this area was very considerable.

More recently, the committee conducted a two-year study to devise effective face masks for hockey goal tenders. Statistics were gathered for a period on the nature and causes of oral and facial injuries.

Dr. Wood had personally developed and produced a goal tender's face mask several years earlier, in response to an "emergency" request.

Reason Prevailed

Dr. Wood has been encouraged by the fact that professional hockey and football players have in recent years shaken the concept that mouthguards, helmets and other protective gear, are not masculine.

Over the years, he said, contact sports had created their own mystique. Moving beyond the epoch of tribal battles, frontier dangers and backbreaking pioneer pursuits, the contemporary male is expected to show aggression and bravery on the sports field. Hockey and football are manly games in which participants have been prompted to be indifferent to injury inflicted or sustained. However, reason has finally prevailed and civilization has won another round. Injuries were becoming too prevalent and serious. Coaches, parents and eventually — the players themselves — faced the facts and opted for the protective devices.

These days, minor hockey league players in most centres in Canada are not allowed on the ice unless they are wearing protective gear.

Dr. Wood still believes there is still a long way to go in developing truly effective pro-

TECTIVE equipment in some areas. The committee is concerned that some of the equipment in itself, creates other potential or real injury hazards. And occasionally there is still "junk" equipment on the market, some of it endorsed by well-known athletes. He terms some of these protective devices "dangerous."

However, he points with pride to the statistics which indicate "a tremendous reduction" in what were formerly common injuries to the face and oral regions. The mouth is the most vulnerable part of the body in contact sports, he said. That region sustains 16 per cent of all sports injuries and "nine per cent of all injuries are to the teeth."

Another of the committee's current concerns is the prevalence of injury to young hockey players when they are slammed into rink boards. The possibility of more flexible boards is being investigated. There has also been discussion as to whether hockey rules may be changed to outlaw body checking in the area close to the boards.

Prominent Paedodontist

A prominent member of his own specialty field, paedodontics, Dr. Wood has served as president of the Canadian Society of Dentistry for Children and the Canadian Academy of Paedodontics. Colleagues, however, say he is much more interested in preventing oral injuries than in treating them.

The work and discoveries of the CSA Technical Committee are known and shared internationally and Dr. Wood's contributions are known just as widely.

His work has long been known and respected by like-minded American dentists, and when the Academy of Sports Dentistry was established in San Antonio, Texas, in June, 1983, he was on hand as a founding member. He is the only Canadian member of that international body's executive council. The Academy's constitution and bylaws, however, will admit any Canadian dentist interested in the field as a full or affiliated member.

Anyone who is conducting or has conducted research, or who is active in the practise of sports dentistry, is entitled to active membership status. The nature and objectives of the new Academy are similar to those of the earlier-established Academy of Sports Medicine, also an international organization.

International Symposium

A familiar figure at symposia and as a speaker on the subject of sports dentistry, Dr. Wood advised the journal that the Third Annual Symposium for Sports Dentistry is scheduled June 22-23 at Boyne Highlands Resort in northern Lower Michigan. This

symposium, sponsored by the University of Michigan and the University of Texas, in conjunction with the Academy of Sports Dentistry, is open to anyone interested in sports dentistry in Canada or the United States. Presentations will touch all aspects of the subject. He advised that information is available from Dr. W. C. Godwin, Department of Complete Denture Prosthetics, University of Michigan Dental School, Ann Arbor, Michigan, 48109.

MULTIDISCIPLINARY APPROACH GIVES BIRTH TO 'ALLAN AVERAGE'

Multidisciplinary cooperation to achieve a common goal is not unusual these days. But seldom in the annals of applied science have those disciplines been so varied as those in the team that developed "Allan Average" — the facially-featured headform that will result in much more effective protective equipment for young Canadian hockey and lacrosse players.

Since the early 1970s, members of the Canadian Standards Association's Technical Committee on Protective Equipment for Hockey and Lacrosse Players — notably the Canadian Dental Association's representative on that Committee, Dr. Art Wood of Mississauga, Ontario — were concerned that no acceptable headform existed for the testing of "tyke-size" hockey helmets and face guards.

Continual searching had revealed headforms without standard dimensions or accurate facial features, and, for the most part, only of adult size.

The Committee's concern was that more and more youngsters in Canada were beginning to play hockey at a younger age and the resulting incidence of injuries to the face and oral regions was alarmingly high.

The CSA Technical Committee as a result, called for the establishment of a task force to develop an effective headform. This group was named early in 1982.

The personnel of the task force were:

Chairman: Dr. James Newman, Director of Engineering, Biokinetics & Associates Ltd., Ottawa, Ont.;

Ms. Adrienne Alison, BSc, AAM, a restorative prosthodontist of Sunnybrook Aids for Living Centre, Toronto, Ont.;

Dr. Patrick J. Bishop, Associate Professor of Kinesiology, University of Waterloo, Waterloo, Ont.;

Dr. K. G. Gupta, Chief, Mechanical and Electrical Hazards Division, Consumer and Corporate Affairs Canada, Hull, Qué.

Mr. E. Loevenmark, Certification Division, Canadian Standards Association, Rexdale, Ont.;

Dr. Thomas Pashby, an ophthalmologist, Chairman of the CSA Committee on Protec-

tive Equipment for Hockey and Lacrosse Players, Toronto, Ont.:

Dr. Frank Popovich, Director, Burlington Growth Centre, and Professor of Orthodontics, Faculty of Dentistry, University of Toronto;

Mr. Alex Wright, Director, Department of Visual Education, Research Institute, Hospital for Sick Children, Toronto.

Created from skullform

The International Standards Association (ISO) has in recent years developed a number of sizes of skullforms, for the testing of motorcycle helmets. Although these forms lack facial features, the task force believed they represent a reasonable consensus regarding cranial dimensions.

The dimensions of three different sizes of these skullforms were matched with anthropometric (science of body measurement) data, provided by Dr. Popovich, relating to the skull, face and neck areas of an average seven-year-old Canadian boy.

Then the creative work began.

The portion of the skullform in the area of the face, to a point just in front of the ears, was completely removed. This left the skull and the rear half of the neck on which to sculpt the facial features.

From his massive database at the Burlington Growth Centre, Dr. Popovich supplied the necessary anthropometric measurements. These dimensions were particularly helpful in creating the bony landmarks of the head and face.

Dr. L. G. Farkas of the Research Institute, Hospital for Sick Children, Toronto, provided information and dimensions of soft tissue landmarks of the same portions of the anatomy.

Malcolm Campbell of Toronto provided a plaster cast of the face and ears of a seven-year-old male Caucasian child.

The Faculty of Dentistry, University of Toronto, supplied the skull of an eight-year-old.

With the aid of scaled photographs, negative silhouettes in cardboard, piano wire and plexiglass grids, the team achieved the proper orientation of the head, the placement of the ears and subtleties of the forehead.

Oil base clay was used to fill out the face to the contours of the cardboard profile. Measurements of the facial features of live subjects were useful in fine-tuning the features of the clay model. The clay model sculpting was done by Ms. Alison.

Dr. Tanya Hreczko, an anthropologist with the Burlington Growth Centre, and Marko Katic, a biostatistician working with Dr. Farkas at the Sick Children's Hospital Research Institute, made a final check of the clay model. They verified facial measurements using sliding calipers, spreading cali-

pers and soft metric tape. Some trimming and cutting back was done to achieve exact dimensions. Removable ears had been developed in wax, a more durable substance than clay. These were mounted on the headform with screws.

Accepted in April, 1983

The completed headform in clay, the first phase of two separate contracts awarded through Consumer and Corporate Affairs, was presented to the CSA Technical Committee in April, 1983. Members found it acceptable and urged that a finished prototype in high impact plastic material, should be produced as soon as possible.

Dr. Art Wood and his CDA alternate on the CSA Technical Committee, Dr. Franklin Pulver, were called upon at this point to identify the exact area around the mouth of the model where protection was required. Those areas were inscribed in the headform.

The clay model was then carefully packed and shipped to Ottawa, Ontario, where Bio-Kinetics & Associates Ltd., prepared a mold and produced the first catalyzed aluminized epoxy headform prototype.

The accurately designed and crafted headform now makes it possible to determine the exact size necessary for chin protectors, mouth and faceguards and helmets, to ensure the optimum in protection for young hockey players.

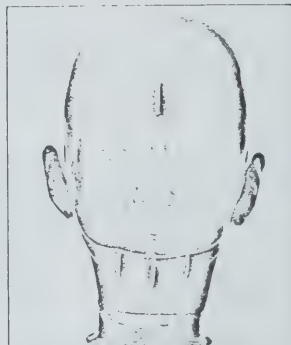
Effective smaller and lighter hockey helmets have for some time been the goal of the Technical Committee. But how much smaller, has been a frustrating unknown until now. The helmets must fit the young boy's head properly to be effective. Dr. Wood has pointed out that previously oversized helmets would slip out of position, sometimes resulting in the very injuries the helmets were intended to prevent.

Encouraged by this success, the CSA Technical Committee now has plans to develop a female headform in the same age group, and some larger sizes for more mature athletes. With the statistics developed and resources discovered in this pilot project, the Committee believes the task will be much easier and less costly.

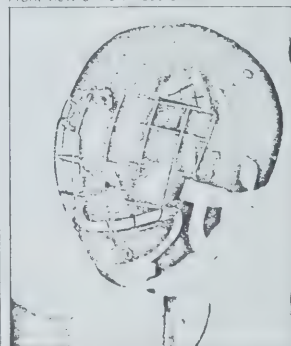
Unique in the world

The headform, which is unique in the world, according to Dr. Pashby, removes all elements of speculation when drafting specifications for protective equipment. The CSA has recently conducted highly successful evaluations of helmets and face protectors on the headform and the initial drafting of specifications for the manufacturers of the equipment to CSA standards, has already begun.

The CSA hopes to have the new equipment into production and on the market in time to outfit young hockey players for the 1984-85 season.



Front view of new headform



New headform with "tyke" helmet and face protector in place

Acknowledgement

The Journal extends thanks to Consumer and Corporate Affairs Canada, for providing copies of reports prepared by the Canadian Standards Association in April and November of 1983, in which details of the development of "Allan Average" were recorded.

"CDA Endorses the Use of Silver/Copper Amalgam as a Restorative Material"

This report on a symposium on "The Use of Mercury and Amalgam in Dentistry" was first published in the JCD late last year. The subject matter, however, continues to be of such interest that it was considered appropriate to reprint it at this time.

APPENDIX V

BIOGRAPHICAL NOTES

NAME: Lorne Edgar MacLachlan, D.D.S., F.A.C.D.

ADDRESS: 2055 Carling Avenue, Apt. 508A,
Ottawa, Ontario K2A 1G6

MARITAL STATUS: Widowed

EDUCATION: Elementary - Ottawa Public School
Secondary - Lisgar Collegiate, Ottawa
D.D.S. (1920) - R.C.D.S. of Ontario
Post-Graduate General Course (1927) -
Northwestern University
followed by special study in Oral Surgery
in conjunction with Full Denture Prosthesis
Other Post-Graduate Study -
University of Montreal, Ohio State,
Michigan, Tufts, Indiana and
Swissedent Foundation

DENTAL PRACTICE: Ottawa, Ontario 1920-1961

DENTAL ASSOCIATION
MEMBERSHIP AND
OFFICES HELD: Served on the Executive of
The Canadian Dental Association,
The Eastern Ontario Dental Association and
The Ottawa Dental Society
Member of
The Montreal Dental Society (1930)
The American Denture Society (1950)
Fellow of
The American College of Dentists (1959)
Honorary Fellow of
The Royal College of Dentists of Canada (1969)

FRATERNAL
AFFILIATIONS: Doric Lodge A.F. & A.M.
Scottish Rite

CLUB AFFILIATIONS: Byng Fish & Game Club
Thurso Fish & Game Club Inc.

MILITARY SERVICE: R.C.D.C. - Sergeant 1917-1919

Citation for Dr. Lorne E. MacLachlan's

Honorary Fellowship

in

The Royal College of Dentists of Canada

Mr. President, in presenting Dr. MacLachlan for Honorary Fellowship in this College, I would like to reveal some rather unusual events and activities pertaining to his professional career as well as to his life amidst the community at large. This distinguished gentleman and elder in our profession has had so many credits and pluses attributed to his name over long years of devoted service, I shall find it hard to cover even a few adequately. Some I well know, but which you may not, are these -

1. Dr. MacLachlan's name is unique in our national professional organization, i.e. the parent body - The Canadian Dental Association. His name, along with three other early distinguished colleagues, heads the act of constitution and incorporation of The Canadian Dental Association - reference The Senate of Canada Bill appertaining.
2. During his years of professional activity Dr. MacLachlan fully supported - both spiritually and with hard work - his local, provincial and national organizations. In the Ottawa Dental Society, and in the several local study groups where he was founder and strong leader, his name is a legend. In the Eastern Ontario Association, in the Ontario Association and in the Royal College of Dental Surgeons of Ontario his name bears laurels and distinction; so well known is it, that one need not go on to elaborate.

3. All through the years Dr. MacLachlan was interested, but more importantly, active in dental education; it was not his own education, for self-benefit only, on which he set aim. Every last bit of advanced knowledge, which he himself acquired through persistent pursuit in the many post-graduate and continuing education courses he attended over his entire practice span, he passed on to his colleagues - these in groups large and small, formal or informal, for their enlightenment, and for the betterment of dental health care to patients far beyond his own practice. Dr. MacLachlan enrolled in major post-graduate programs in both oral surgery and prosthodontics. The latter discipline eventually was to be his love, and he became renowned for his work therein. He pursued this love incessantly, taking so many refresher courses from the famous among dental teachers that he was always current with every good teaching concept in the land. His name became the by word in aesthetics in prosthodontics, but his competence covered the complete range of the discipline. All this knowledge he continued not only to practice himself, but to pass on to all who thirsted for it and would listen. Characteristically he supported his work and his teaching by becoming expert in dental photography, eventually teaching this ability to others and publishing his work in the dental literature.
4. Dr. MacLachlan is a Fellow of the American College of Dentists. Until his retirement from practice, he held longstanding membership in international learned societies, in The American Prosthodontic Society and The American Equilibration Society;

he supported both these influential groups with unfailing attendance and active work.

5. In seemingly boundless effort in the support of his profession, particularly dental education, Dr. MacLachlan has far surpassed anything mentioned here in the above paragraphs. Now I have the honor and pleasure to report to you a series of almost incredible facts or truths. Separately, and at different times over his final years in practice and during his early post-retirement years, Dr. MacLachlan has endowed four Universities.

These bequests in his will provide that, on its probation, the Universities shall wisely invest these funds and turn over the proceeds to their Faculties of Dentistry for the purpose of aid to teacher education in the discipline of Complete Denture Prosthodontics. These generous provisions for the advancement of our professional teachers were not quite enough, so it seems, to satisfy this man, for he added provisions that during his life time he would give to certain of these University Faculties \$200 annually, if they themselves would add another \$100 to the total - the sum to go currently to support the same purpose of teacher education. For several years now, to my intimate knowledge, this latter provision has prevailed for at least two of the four Universities. Over and beyond all the above, Dr. MacLachlan has willed the sum of \$5,000 to The Canadian Academy of Prosthodontics to be used to stimulate and encourage research in prosthodontics through that body.

6. Unassociated professional activities which have benefitted his fellow man in exceptional and different ways have also been a regular part of this kind man's life of service - three I shall mention here.

Dr. MacLachlan has played a conservation role in the wild-life field of our nation; his knowledge and its application to inland fish conservation and spawning are recognized by our Federal Government. During the war years, when foreign exchange (U.S. \$) was lean and hard to come by, Dr. MacLachlan and a partner gained such exchange for our country through his interest and activity in mink farming and fur sales in the foreign markets. Dr. MacLachlan almost single handed has reconstituted, soundly established and beautified a cemetery in the environs of Ottawa, to the extent it is now known as the best organized and the most beautiful of the smaller cemeteries in this Province.

This then Mr. President is the stature of the man we seek to honor today, he who himself has sought not honour but only, over many long years, to serve.



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE

1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

OFFICE OF THE PRESIDENT

May 27, 1985.

Hon. Jake Epp, M.P.,
Minister,
Health & Welfare Canada,
House of Commons,
Ottawa, Ontario.

Dear Minister:

Re: Correspondence between Minister of National Health & Welfare
(File 84205) and Ms. Debbie Lang, Whitehorse, Yukon
(Jan. 30, 1985)

The Canadian Dental Association has reviewed with interest correspondence between Ms. Debbie Lang of Whitehorse, Yukon, and your office, on the subject of employment of Dental Therapists in Yukon Territory by private dental practitioners.

Like the federal Ministry of Health and Welfare, CDA supports special initiatives to ensure that the oral health needs of individuals in remote areas of Canada are met.

CDA does not question the Minister's position that the employment of a dental therapist, by a private dental practitioner in Whitehorse, does not contravene federal or territorial law. However, this private practice utilization of dental therapists does seem to be at cross purposes to their original intent - the provision of dental services where the normal dentist/dental hygienist treatment mode was not available.

The correspondence between Ms. Lang and your Ministry illustrates the potential of the dental therapist to be so employed in private practice if provincial licensing arrangements permit. We understand that the federal Minister, in conjunction with the Yukon Dental Association is reviewing legal ordinances touching the situation in order to attempt to curtail such practice by dentists. We support this initiative and hope that the various provincial dental licensing jurisdictions will conduct similar reviews.

Copies of this letter and background correspondence are being sent to provincial dental associations, dental licensing authorities and the Canadian Dental Hygienists Association for information.

Yours truly,

P. Ralph Crawford, D.M.D.,
President.

c.c. Ms. Debbie Lang
 Dr. W. Bedford

APPENDIX X

PRESIDENT'S ACTIVITIES 1984

DATE	DAYS	PURPOSE	PLACE	PER DIEM	TRAVEL DAYS	MRS.
September						
23-25 26	Mon-Wed. Thursday	President-Staff Travel	Ottawa	3	1/2	
October						
5	Friday	Presidents Meeting	Toronto	1		
17	Wednesday	Four Societies	Toronto	1		X
18-24	Thurs-Wed.	A.D.A.	Atlanta	7		X
25-28	Thurs-Sun.	Montebello Retreat	Ottawa	4		
29	Monday	Students Information	Toronto	1		
30-31	Tues-Wed.	Students Information	London	2		
November						
1-4	Thurs-Sat.	Nfld Dental Assoc.	Corner Brook	4		X
7-8	Wed-Thurs.	Students Info/N.S.D.A.	Halifax	2		
13-14	Tues-Wed.	Management Committee	Ottawa	2		
15-16	Thurs-Fri.	Executive Council	Ottawa	2		
17	Saturday	Strategic Planning	Ottawa	1		
22	Thursday	Winter Clinic	Toronto	1	1/2	
23-24	Fri-Sat.	O.D.A. Board	Toronto	2	1/2	
30	Friday	Editorial Board	Ottawa	1		
December						
6	Thursday	Niagara Inst.	Toronto	1		
7-8	Fri-Sat.	Sect.Conf.Licens.Auth.	Toronto	2		
9	Sunday	Travel Lay over			1	
10	Monday	CDA Membership Third Party	Ottawa	1		
14	Friday	Meeting Sask. Dentists	Saskatoon	1		
20	Thursday	Meeting H.E. Drouin	Ottawa	1		
27	Thursday	Meeting H.E. Drouin	Ottawa	1		
SEPTEMBER - DECEMBER TOTALS				41	2 1/2	

PRESIDENT'S ACTIVITIES 1985

DATE	DAYS	PURPOSE	PLACE	PER DIEM	TRAVEL DAYS	MRS.
January						
13	Sunday	Meeting Dr. C. Covit	Montréal	1	1/2	
14	Monday	Mtg. Drs Covit, Chicoine & Lamarche	Montréal	1/2		
14	Monday	Meeting McGill Students	Montréal	1/2		
15	Tuesday	Manifest Communications	Montréal	1/2		
15	Tuesday	Federation Mont.Study Club	Montréal	1/2	1/2	
25-26	Fri-Sat.	Manitoba Dental Assoc.	Winnipeg	2		
30	Wednesday	Call President Day	Ottawa	1		
31	Thursday	Management Committee	Ottawa	1		
February						
1-2	Fri-Sat.	Executive Council	Ottawa	2		
3	Sunday	Meeting Dr. Holmes	Ottawa	1	1	
11	Monday	Membership Meeting	Owen Sound	1	1/2	
12	Tuesday	Price-Waterhouse	Toronto	1	1/2	
25-26	Mon-Tues	Student Inf.Univ. Alta & Pres. Alta Dent.Assoc.	Edmonton	2		
28	Thursday	Atlantic Prov. Exec. Mtg.	Saint John	1	1	X
March						
1-3	Fri-Sun.	Atlantic Prov. Exec. Mtg.	Saint John	3		X
7	Thursday	Specialist Meeting	Ottawa	1		X
8-9	Fri-Sat.	Board of Governors	Ottawa	2		X
28	Thursday	Ray Rouse Comm.	Toronto	1		
29	Friday	Price Waterhouse	Toronto	1		
30-31	Sat-Sun.	Workshop Manifest Comm	Ottawa	2		
April						
1-2	Mon-Tues.	NDHM Awareness	Ottawa	2		
25	Thursday	Exec.Director Candidate Gordon McCay (Lawyer)	Ottawa	1		
26	Friday	Univ.T.O., Grad Rec.	Toronto	1/2		
26	Friday	Univ. Man. Grad Rec.	Winnipeg	1/2		
29-30	Mon-Tues.	Executive Director Candidate Search	Ottawa	2		
JANUARY - APRIL TOTALS				31	4	

PRESIDENT'S ACTIVITIES 1985

DATE	DAYS	PURPOSE	PLACE	PER DIEM	TRAVEL DAYS	MRS.
May						
1-2	Wed-Thurs.	Management Committee	Ottawa	2		X
3-4	Fri-Sat.	Executive Council	Ottawa	1 1/2		X
5	Sunday	NDEB Reception	Ottawa			X
6-7	Mon-Tues.	NDEB Workshop	Ottawa			X
8-9	Wed-Thurs.	Staffs Strategic Plan.	Ottawa	2		X
10-11	Fri-Sat.	ODA Board of Governors	Toronto	1 1/2		X
13-15	Sun-Wed.	ODA Convention	Toronto	3		X
17-18	Fri-Sat.	PEI Convention	Charlottetown	1/2	1	X
19-21	Sun-Tues.	Atlantic Prov. Conv.	Halifax	2 1/2		X
22	Wednesday	Dalhousie Convocation	Halifax	1		X
23	Thursday	Travel-Alta Dental Assoc.	Edmonton		1	X
24-25	Fri-Sat.	Alta Dental Convention	Jasper	1 1/2		X
26	Sunday	Travel - Montréal				
		Les journées dentaire	Montréal		1/2	X
26-31	Mon-Fri.	NDEB Exams	Montréal			X
29-30	Wed-Fri.	Les journées dentaire	Montréal	2		X
30	Thursday	McGill: Grad Breakfast	Montréal			X
June						
3	Monday	Activity Plan Staff	Ottawa	1		
4	Tuesday	Call the President Day	Ottawa	1		
5	Wednesday	Budget - Senior Staff	Ottawa	1		
6	Thursday	Meetings QDSA/ODQ	Montréal	1		
7	Friday	U. Western Ont. - Grad	London	1		
8	Saturday	DAP/NDHM Workshop	Ottawa	1/2		
12-15	Wed-Sat.	Western Can. Dental Soc.	Saskatoon	2 1/2		X
16	Sunday	Col. Dent. Surg. Sask.	Saskatoon	1/2		X
July						
2	Tuesday	CDA Headquarters	Ottawa	1		X
3-4	Wed-Thurs.	Management Committee	Ottawa	2		X
5-6	Fri-Sat.	Executive Council	Ottawa	1 1/2		X
7	Sunday	Travel			1/2	X
24	Wednesday	Dr. B. Bedford/ Medical Srv. Dr. Holmes	Winnipeg			
31	Wednesday	CDA Staff	Ottawa	1		
MAY - JULY TOTALS				31 1/2	3	

PRESIDENT'S ACTIVITIES 1985

DATE	DAYS	PURPOSE	PLACE	PER DIEM	TRAVEL DAYS	MRS.
August						
1-2	Thurs-Fri.	CFDS Graduation	Camp Borden	2		
September						
4	Wednesday	U of T "Welcome to the Profession	Toronto	1		
5	Thursday	QDSA/Mr. Neilson	Montréal	1		
22-26	Sun-Thurs.	FDI Alternate	Belgrade			X
28-Oct. 5	Sat-Sat.	CDA Convention	Ottawa	7	1	X
		Chief Executive Officers Board of Governors CDSPI				
AUGUST - OCTOBER 5, 1985 TOTALS				11	1	
SEPTEMBER 1984 - OCTOBER 1985 TOTALS				114 1/2	8 1/2	

DENTAL MATERIALS AND DEVICES

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

Members: Dr. R.Y. Barolet, Chairman, Québec
Dr. P.C. Desautels, Québec
Dr. L.N. Johnson, Ontario
Dr. D.W. Jones, Nova Scotia
Dr. S. Newman, Alberta
Dr. R.H. Roydhouse, British Columbia
Dr. D.C. Smith, Ontario
Dr. P.T. Williams, Manitoba

Dr. J.C. Giguère, Executive Liaison, Quebec

1. Council Meeting

One meeting took place at the Ottawa headquarters on May 17th, 1985 since the last report to the 1985 Interim Board of Governors Meeting held in March 1985.

Items Requiring Board Action

2. CDRF Award

After reviewing the referee reports on the submissions for the 1985 CDRF Award:

RESOLVED:

- 85.79 THAT Dr. Lawrence Richard Yanover be the recipient of the 1985 CDRF Award of \$1,000 for his paper on "A Clinical and Microbiological Examination of Gingival Disease in Parapubescent Females" and that the CDRF trophy be supplied to the Dean of the University of Toronto, Faculty of Dentistry, the location where Dr. Yanover carried out his research.

ADOPTED

DENTAL MATERIALS AND DEVICES

CDRF Award - cont'd

Council is concerned with the lack of submissions to the Fund by Canadian graduate students and discussed various methods whereby the Award would be a more sought after award. Suggestions were made to enlarge the amount of the award and to use various methods to make the fund more visible in the research community.

RESOLVED:

- 85.80 THAT the CDRF Award be given on a biennial basis, and that the award be increased from \$1,000 to \$2,000, and that the recipient be funded to receive his/her award at an official CDA function, and that the recipient be also funded to present the research paper at an ACFD/CADR biennial meeting, if he/she chooses to do so.

ADOPTED

3. CDA/CSA Certification Programme

Subsequent to the Interassociation Brief sent by the President of CDA to the Minister of Health and Welfare last fall, meetings have been held with officials of the Health Protection Branch of Health and Welfare Canada to discuss the Regulations concerning the classification of Dental Materials as Dental Implants. The first meeting held last February took place with representatives of the Minister and a subsequent meeting with officials from the Bureau of Medical Devices was held in May. At this meeting, representatives from various trade associations along with representatives from CDA explained the problems of delaying the introduction of new dental products in Canada caused by the existing regulations and pointed out that the CDA/CSA certification program along with the standards work being carried out would provide adequate safeguards for new dental materials and that the regulations should be revised to exclude dental materials from the definition of an IMPLANT. The Health Protection Branch officials agreed with the arguments presented and will recommend to their Assistant Deputy Minister that Dental Materials be excluded from the regulations for Dental Implants. However, the regulations will be maintained for those dental products that are actually implants and that come in contact with connective tissue and the circulatory or lymphatic systems of the organism.

APPENDIX A

DENTAL MATERIALS AND DEVICES

CDA/CSA Certification Programme - cont'd

A task force is being established to better define the regulations concerning real implants, the clinical testing of new untried dental products in controlled clinical situations and clarify some problems being encountered in communications between the government officials and the dental profession, trade and industry. Council will be represented on such an important task force.

The positive response by Health and Welfare Officials gives more impetus for implementing a Certification Programme for Dental Products in Canada. The industry is presently being polled by its trade association to determine the number of companies that would consent to have their products tested in such a programme. A positive response is anticipated at this time. At a meeting of the CSA Technical Committee on Dentistry, various ways to implement such a programme were discussed. It is felt that in order to give the programme the necessary support and credibility it deserves, the CDA should provide some seed money to get things started. Once the programme is started, it is anticipated that the programme will be self-supporting. The following motion is requested by the CSA Technical Committee on Dentistry.

RESOLVED:

- 85.81 THAT CDA grant a loan from the CDA reserve fund to support the start of the CDA/CSA Certification Program and that the amount be limited to \$21,000.

ADOPTED

Since the certification programme would be particularly beneficial to the user and companies involved with third party insurance, it is suggested that exploration of a minimum levy to be collected from subscribers to dental care plans be considered.

RESOLVED:

- 85.82 THAT the Committee on Third Party Dental Plans be asked to explore with CLHIA and the insurance industry the possibility of industry help in obtaining direct financial support for the CDA/CSA Certification Programme from a special levy collected from subscribers to dental care plans.

DEFEATED

DENTAL MATERIALS AND DEVICES

Items for Information

4. Safe Handling of Mercury

Guidelines for the safe handling of mercury have been published in the July issue of the Journal. The cooperation of the Editor of the Journal in accomplishing this is appreciated.

5. ISO/TC106

The annual meeting of the Organization for International Standardization (ISO) is taking place in Milan, Italy at the same time as this Annual Board of Governors Meeting. Six members of the Council will be present at this meeting including the Chairman and hence no personal representation from this Council will be possible by the Chairman at the Board meeting. This situation is to be deplored and careful planning and scheduling should be done in the future so that such a situation does not reoccur.

Respectfully submitted

R.Y. Barolet
Chairman
Council on Dental
Materials and Devices

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Dental Materials and Devices with appreciation.



Health and Welfare
Canada

Santé et Bien-être social
Canada

Health Protection
Branch

Direction générale de la
protection de la santé

RECEIVED JUN 16 1985

APPENDIX A

Tunney's Pasture
OTTAWA, Ontario
K1A 0L2

June 7, 1985

Mr. Brian Henderson
Canadian Dental Association
1815 Alta Vista Drive
OTTAWA, Ontario
K1G 3Y6

Dear Mr. Henderson:

Thank you again for participating in the Ad Hoc Committee to review regulations on dental implants.

I am attaching a report on the meeting. You will note that we are drafting an Information Letter incorporating the recommendations of the Committee.

I look forward to useful outputs from the task force which we decided to form.

Yours sincerely,


A.K. DasGupta, Ph.D.
Director
Bureau of Medical Devices

AKDG/1m
Attach

REPORT ON MEETING OF AD HOC COMMITTEE TO REVIEW REGULATIONS ON
DENTAL IMPLANTS

As a follow-up of Dr. Liston's letter of February 21, 1985, to Dr. Ralph Barolet of the Canadian Dental Association (CDA), an Ad Hoc Committee chaired by me, met on May 24 to discuss the need to amend the Medical Devices Regulations for excluding certain dental materials from the requirements of Part V.

The following were present: Dr. Derek Jones, Dr. Ralph Barolet and Mr. Brian Henderson from the Canadian Dental Association; Mr. Dean Swift from The Dental Industry Association of Canada; Mr. Gordon Lane from The Canadian Association of Manufacturers of Medical Devices and Mr. MacDonald, Dr. Cooper and myself.

An over-view of the current Medical Devices Regulations was provided by Mr. MacDonald and it was pointed out that any person selling a medical device in Canada must have, in Canada, test results in support of all claims for safety and efficacy and that for devices subject to Part V, such information must be provided before sales.

Dr. Cooper explained the current status of premarket review submissions for dental devices. Of the 40 submissions received since April 1983, 37 have been accepted and 2 are in process. Of the latter, one is five days over-due and the other is awaiting further information. He explained the current procedure of setting priorities according to potential risks and indicated that those with low potential risk required only a few days to process. The majority of all dental submissions were of low priority.

A position paper submitted by Dr. Jones contained information and suggestions for dealing with dental devices and for categorizing them into eight groups. These could be further grouped into two sets - one subject to premarket review and the other to a compliance test program based on national performance standards.

Mr. Gordon Lane stated that while major manufacturers favoured regulations, smaller ones and Canadian distributors do not have the resources to generate the information required. Independent sales agencies who carry only a few product lines are not provided with proprietary information by their suppliers. Dealers selling generic products have similar problems. Mr. Lane mentioned the difficulties of introducing new devices for clinical trial. It was explained by me that at present, there were provisions in the regulations for selling devices for clinical trials if such trials were designed to supplement existing data

submitted for obtaining a Notice of Compliance. It was realized that there were situations requiring clinical trials with an investigational device with unknown risks. There was need for a mechanism to ensure that such clinical trials would be carried out under proper supervision by a hospital ethics committee or similar authority. A protocol for such supervision must be developed. The CDA will discuss this matter and respond at a later date.

Mr. Dean Swift listed the various difficulties faced by Canadian distributors of dental products. These include:

- (a) a belief that HPB is not fair in applying the regulations; persons who have notified and are attempting to comply are harassed while direct imports and those who have not notified are ignored;
- (b) there are doubts about HPB's ability to review all submissions;
- (c) the definition of implant requires amending;
- (d) the cost of making submissions can be very high; for certain product classes where the total sales may not be more than \$30,000 it was unrealistic to expect the Canadian distributor to spend up to \$15000 to compile a submission;
- (e) the market life of many devices can be as short as six months and it was not worthwhile to obtain a Notice of Compliance; and
- (f) many products on the market are not patented and hence the manufacturer is not willing to supply the kind of evidence required by HPB.

Dr. Barolet was concerned about the possible disappearance of many dental products and the diminishing choices for professionals.

There was agreement that many of the above concerns needed remedial actions and it was mentioned that the Branch had taken several steps to alleviate the concerns. This included issuing of Information Letter 675. Unfortunately, only three responses have been received so far.

It was unanimously agreed that it is necessary to distinguish between dental devices which should be subject to the full rigors of premarket review and others which do not merit

detailed assessment. Several suggestions had been received for amending the current wording in the Table for Part V. These were incorporated in a Bureau suggestion which was discussed. It was decided to recommend that "dental materials defined as those devices attached only to non-vascularized tissue and having no direct access to systemic or lymphatic circulatory systems" be excluded from Part V, this should be proposed in an Information Letter.

It was also decided that a task force consisting of a representative from HPB (Dr. Cooper), industry and the CDA be formed to develop guidelines for facilitating submissions for premarket review of dental implants, drafting hand-outs which the Dental Industry Association of Canada could provide to its members and for discussing the implications of clinical trials with investigational devices.

AKDG/lm
May 29, 1985

COUNCIL ON EDUCATION & ACCREDITATION

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING OCTOBER 1985

Members: Dr. K. C. Bentley, Chairman, Quebec
Dr. N. Andrews, Nova Scotia
Dr. G. S. Beagrie, British Columbia
Dr. D. Beck, British Columbia
Dr. M. Boyd, British Columbia
Dr. G. Burgman, Ontario
Dr. H. Dick, Alberta
Dr. B. Graham, Nova Scotia
Dr. M. Jahjah, Quebec
Dr. N. Layton, Nova Scotia
Dr. E. McIntyre, Alberta
Dr. K. Pownall, Ontario
Miss J. Robarts, Ontario
Dr. A. Schwartz, Manitoba
Dr. G. R. Thordarson, British Columbia
Mrs. Kate MacDonald,
Mrs. Marlane Paquin,

Executive Liaison:

Dr. J. L. Robertson, P.E.I.

ADA Representative:

Dr. M. Santangelo, Chicago

Staff Mr. B. J. Henderson, Director of Accreditation
Mrs. L. Emmerson, Secretary to Council
Miss L. Teteruck, Director of Educational Services.

Also in attendance were Dr. G. Kravis, Registrar, N.D.E.B.; Col. J. F. Begin, C.F.D.S.S.; Dr. D. K. Peters, C.F.D.E.; Dr. J. H. P. Main, National Cancer Institute of Canada; Dr. Ian Bennett, Halifax.

1. Council Meeting

The Council on Education and Accreditation met on June 12 and 13, 1985 in Ottawa. Immediately preceeding this meeting, Committee No. 1 met on June 11 and Committee No. 2 on June 10. The Closed Session of Council was held on the morning of June 12 with the remainder of the time devoted to the Open Session.

COUNCIL ON EDUCATION & ACCREDITATION

Committee No. 1 - Membership

G. S. Beagrie, Chairman, Vancouver
N. H. Andrews, Halifax
D. Beck, Vancouver
M. Jahjah, Montreal
N. J. Layton, Truro
E. W. MacIntyre, Edmonton
K. F. Pownall, Toronto
A. Schwartz, Winnipeg

Committee No. 2 - Membership

M. Boyd, Chairman, Vancouver
K. C. Bentley, Montreal
G. W. Burgman, Kirkland Lake
B. S. Graham, Halifax
M. Jahjah, Montreal
G. R. Thordarson, Vancouver
K. MacDonald, Halifax
M. Paquin, Vancouver
J. Robarts, Welland

Committee No. 3 - Dental Admissions Test Committee - Membership

M. Boyd, Chairman,
I. C. Bennett
J. Krupanszky
A. Vaillancourt
G. W. Thompson
D. Demarais, Consultant
J. Graham, Consultant
L. Graham, Consultant

Continuing Education Committee - Membership

M. Williamson, Chairman
A. A. Bene
D. Chayton
M. Jahjah

Ad Hoc Committee on Documentation

K. C. Bentley, Chairman
I. C. Bennett
M. Boyd.

Ad Hoc Committee on Mandatory Prelicensure Period

G. S. Beagrie, Chairman
K. C. Bentley
N. J. Layton
J. P. Lussier
A. Pownall

Nominating Committee - Membership

K. F. Pownall, Chairman
N. H. Andrews

2. Items Requiring Board Action

(a) Ad Hoc Committee on Mandatory Prelicensure

In September 1984 the Board of Governors agreed in principle to the holding of a Conference on Mandatory Prelicensure subject to receiving more information regarding budgetary implications.

Dean Beagrie presented the report to the Ad Hoc Committee outlining what had taken place during the past year and informed Council that the date for the proposed conference is February 24 and 25, 1986. Dean Beagrie will present a budget submission to the Executive Council for consideration.

APPENDIX I

RESOLVED:

- 85.83 THAT the Activity Plan Outline
 Appendix I be approved.

ADOPTED

(b) Ad Hoc Committee on Documentation

The report of the Ad Hoc Committee was received and the following resolutions were adopted by Council for recommendation to the Board of Governors.

RESOLVED:

- 85.84 a) THAT the requirements for approval of a
 Graduate/Postgraduate program in
 Prosthodontics be approved.

APPENDIX II

ADOPTED

Ad Hoc Committee on Documentation (cont'd.)

In September 1982 the Board of Governors approved the requirements for approval of a program leading to a DDS/DMD Degree, a program leading to a dental hygiene diploma/certificate and approval of a program leading to a dental assisting diploma/certificate subject to minor editorial changes by Council. As there have been some changes which are more than a minor editorial change, these guidelines are resubmitted for consideration by the Board.

RESOLVED:

- 85.85 THAT the Requirements for Approval of a Program
Leading to a DDS/DMD Degree be approved.

APPENDIX III

ADOPTED

RESOLVED:

- 85.86 THAT the Requirements for Approval of a Program
Leading to a Dental Hygiene Diploma/Certificate
be approved.

APPENDIX IV

ADOPTED

RESOLVED:

- 85.87 THAT the Requirements of a Program Leading to a
Dental Assisting Diploma/Certificate be approved.

APPENDIX V

ADOPTED

The Committee is continuing to review all guidelines pertaining to specialty programs and all documentation associated with the accreditation process.

(c)Report on ADA/AADS Liaison Committee on Surveys
and Reports Meeting

Dr. Bennett presented this report to Council and the following motion was adopted.

RESOLVED:

- 85.88 WHEREAS the Board of Governors at its September,
1984 meeting adopted a proposal of the Council
on Education and Accreditation as follows:

COUNCIL ON EDUCATION & ACCREDITATION

Report on ADA/AADA Liaison Committee on
Surveys and Reports Meeting (cont'd.)

"84.66 That the Canadian Dental Association carry out an annual survey of schools similar to the ADA Survey and that the ADA be approached regarding the inclusion of Canadian data for analysis,"

AND WHEREAS:

the ADA has agreed to include data on Canadian schools, when provided, in all of the annual survey reports,

- a) THAT the schools continue to participate in the collection of data which have been collected by ADA over the past years, and that the completion of the ADA annual survey of dental education institutions by the Canadian dental schools be encouraged, and that the schools also be encouraged to provide the Director of Accreditation of CDA with copies of the survey forms by the same deadline as the survey forms are submitted to ADA; and
- b) THAT the CDA staff review the reports for anomalies or significant changes and that a summary be prepared for the Council on Education and Accreditation each year as part of the annual meeting documentation; and
- c) THAT participation by a CDA representative be continued on the ADA/AADS Liaison Committee on Surveys; and
- d) THAT additional instructions be developed by the Ad Hoc Committee on Documentation to assist the administrators of Canadian schools to complete the survey instrument in a consistent manner.

ADOPTED

COUNCIL ON EDUCATION & ACCREDITATION

(d)Teaching Conference

The topic of the 1984 Teaching Conference, chaired by Dr. Dennis Smith was "Dental Biomaterials". The Board of Governors had previously approved that the 1985 Teaching Conference topic be "The Teaching of Dentistry to Allied Health Professionals", and that Dr. Patrick Blahut be the chairman of the conference. Unfortunately, Dr. Blahut was unable to organize this conference. Council was required to make interim arrangements whereby the 1985 Teaching Conference will be "The Teaching of Orthodontics in the Undergraduate Program" to be chaired by Dr. Michael Rennert.

RESOLVED:

- 85.89 THAT an amendment be made to the motion concerning the 1986 Teaching Conference to hold it in conjunction with the Canadian Academy of Periodontics meeting in Halifax.

DEFEATED

RESOLVED:

- 85.90 THAT the topic of the 1986 Teaching Conference be "The Teaching of Periodontology in a Program Leading to a DDS/DMD Degree"; that Dr. Crawford Bain be asked to be Chairman of this Conference, and that it be held in conjunction with the CDA Annual Meeting in Halifax in 1986.

ADOPTED

(e)Dental Admissions Test Committee

A very comprehensive report was received from the Chairman of the Committee, Dr. Marcia Boyd. Recommendations from the Committee were approved by Council, and Council presents the following resolution to the Board for approval.

RESOLVED:

- 85.91 WHEREAS the requirements for the approval of various dental programs state that "Council may undertake studies related to improvement of the accreditation process" and "these studies will require the provision of additional information by institutions",

- 85.92 THAT each program be required to complete a student attrition report for each student repeating, withdrawing or being required to withdraw from a program, and that the student attrition report be submitted to the CDA annually in October for the previous academic year's attrition.

ADOPTED

(f) Distribution of Survey Reports to
Provincial Registrars

It was brought to the attention of Council that most registrars had never received a copy of the final survey report from an institution in their respective provinces. The following motion was passed by Council.

RESOLVED:

- 85.93 THAT WHEREAS, the CDA Council on Education & Accreditation recognizes the interest of provincial licensing bodies in the accreditation process of educational programs preparing dentists and dental specialists,

AND WHEREAS Council itself responds to this interest through inclusion of licensing body representatives on appropriate accreditation survey teams,

THEREFORE, Council encourages deans of faculties of dentistry to forward to the appropriate provincial registrar one copy of each dental accreditation survey report.

ADOPTED

3. Items for Information - Not Requiring Board Action

(a) Continuing Education Committee

During the year the resignation of the Chairman of the Committee, Dr. M. Williamson, was received. The Committee did not meet during the year and no report was received. Council expresses appreciation to Dr. Williamson for the contribution that he has made during his term of office.

The terms of the Committee were reviewed by Council and the membership of the Committee will be determined by the report of the Nominating Committee.

Council considered the following proposal.

THAT the Committee on Continuing Education be asked to explore co-operative initiatives supporting the development of a voluntary self-assessment/education program such as that proposed by N.D.E.B., and to advise CDA on this issue.

(b) Reports

Council received reports from the following organizations with thanks:

- i) National Dental Examining Board of Canada
- ii) Royal College of Dentists of Canada
- iii) Association of Canadian Faculties of Dentistry
- iv) Canadian Dental Hygienists' Association
- v) Canadian Dental Assistants' Association
- vi) Council on Student Affairs
- vii) Canadian Fund for Dental Education
- viii) National Cancer Institute

APPENDIX VI

A report from the NDEB recommending the establishment of a quality assurance mechanism was referred to the Committee on Continuing Education by the Council. The NDEB report will not be forwarded to Executive Council prior to consideration by the Committee.

The Chairman of Council reviewed progress with respect to Canada/U.S.A. reciprocity and informed Council that the Americans were hoping to have the problem resolved by the May meeting of the Commission on Dental Accreditation in 1986.

(c) Surveys

A list of institutions requiring surveys of their programs during the 1985-86 academic year was received and approved.

Survey of Programs - 1984-85

Programs were accredited for the following:

University of Saskatchewan
 Program Leading to a DDS/DMD Degree
 Dental Internship Program (University Hospital)

University of Montreal
 Program Leading to a DDS/DMD Degree
 Postgraduate Program in Pedodontics
 Postgraduate Program in Orthodontics

Survey Of Programs 1984-85 (cont'd.)

University of Alberta
Dental Internship Program

Dalhousie University
Postgraduate Program in Periodontics

Laval University
Postgraduate Program in Oral & Maxillofacial Surgery

Cambrian College of Applied Arts & Technology
Dental Assisting Program

Canadore College of Applied Arts & Technology
Dental Assisting Program
Dental Hygiene Program

Durham College of Applied Arts & Technology
Dental Assisting Program
Dental Hygiene Program

St. Clair College of Applied Arts & Technology
Dental Assisting Program
Dental Hygiene Program

Requests for extension of accreditation status for one year were granted to CEGEP Maisonneuve, Dental Hygiene Program and CEGEP Ste. Hyacinthe, Dental Hygiene Program.

A progress report on the Program Leading to the DDS/DMD Degree was received from the University of Toronto.

(d) Report on Clinical Evaluation Pilot Project

Dr. Boyd reviewed the results of a pilot project concerning evaluation of outcomes which had been conducted during one of the surveys during the 1984-85 session. Council discussed this report and expressed the opinion that such an evaluation might form part of all future surveys. This report has been referred to the Ad Hoc Committee on Documentation for further study and recommendations.

(e) Accreditation Surveys

i) Funding

Council has noted the increasing costs for the accreditation process and that it may be necessary to increase the fee for accreditation surveys. Council passed the following motion:

THAT the Director of Accreditation undertake a comprehensive analysis of the cost and revenues of accreditation and develop a report for Council.

ii) Accreditation Schedule 1985-86

Council recognizes that the present workload of the Director of Accreditation is extremely heavy and that the projected workload in the year ahead will be onerous. Mechanisms must be developed whereby the workload is lightened in order to allow the Director to pay adequate attention to the accreditation process. Council recommends that the Joint Advisory Committee be instructed to review the schedule of programs for the next few years and to make decisions concerning which programs will be surveyed during the next year and for which programs the Director of Accreditation should be present.

(f) Nominating Committee

The following nominations were approved by Council.

1. Continuing Education Committee

Dr. K. Bentley, Chairman
Dr. G. Beagrie,
Dr. M. Jahjah
Dr. H. Dick
Dr. D. Chaytor
Dr. J. Robertson

2. Ad Hoc Committee on Documentation

Dr. K. Bentley, Chairman,
Dr. M. Boyd
Dr. I. Bennett.

3. DAT Committee

Dr. M. Boyd
Dr. I. Bennett.

To be reappointed for another three-year term each, that Dr. Boyd be Chairman for one year, to be succeeded by Dr. Bennett as Chairman for the following two years.

4. Ad Hoc Committee on Reciprocity

Dr. A. Schwartz, Chairman
Dr. K. Bentley
Dr. H. Dick.

4. Summary

Council continues to recognize and carry out its responsibilities relating to education and accreditation. Council notes with regret that Dr. Noel Andrews and Dr. Dan Beck will be leaving Council at the end of this term and expresses thanks and appreciation to each.

Council has directed the Secretariat to forward a letter of appreciation and best wishes to Mrs. Thora Appelt for many years of support to Council, and wishes to take cognizance of the time and effort spent on behalf of Council by the Director of Accreditation and by the new Secretary to the Council Mrs. Lorraine Emmerson.

Respectfully submitted,

K. C. Bentley, Chairman
Council on Education &
Accreditation

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Education and Accreditation with appreciation.

CDA - ACTIVITY PLAN OUTLINE CODE:

TITLE: CDA Conference on Prelicensure

PERSON RESPONSIBLE: Director of Accreditation and
Director of Education

APPROVAL REQUIRED: CDA Board of Governors

DATE: June 28, 1985

BACKGROUND:

In September 1984, the CDA Board of Governors approved in principle a recommendation from the Council on Education and Accreditation, "that the Canadian Dental Association sponsor, through the Council on Education, in consultation with the Council on Student Affairs, a two-day conference with workshops on the prelicensure concept." The Board of Governors asked the Ad Hoc Committee on Mandatory Prelicensure to act as the planning committee for the proposed conference and requested that budget implications be presented in March 1985. A detailed plan for the prelicensure conference has now been established and is attached for reference. A summary of estimated conference revenue and expenditures is presented as part of this activity plan.

GOALS:

The overall goal of the Conference on Prelicensure is to provide a forum for discussion of the potential of introducing a mandatory prelicensure year in dental education programs. The conference provides the Canadian Dental Association an opportunity to follow up on receipt of the report of the Ad Hoc Committee on Prelicensure which recommended the introduction of such a year.

OBJECTIVES:

1. Conduct a two-day conference on prelicensure which will permit exploration of the potential of a prelicensure year in dental education.
2. Provide a forum for various points of view with respect to the prelicensure concept to assist the development of appropriate recommendations through the Council on Education and Accreditation.

ASSUMPTIONS:

The Conference on Prelicensure will be of sufficient interest to the dental education community that educational institutions will be willing to contribute to the financial support of participants from their institutions.

DESCRIPTION:

See detailed conference outline.

IMPACT:

Clinical preparation of dental graduates within the educational framework is a matter of vital concern to the profession, the accreditation process and licensing bodies. CDA sponsorship of a conference on prelicensure demonstrates the profession's active and direct concern with respect to the evolution of dental education.

IMPLEMENTATION PLAN:

The Ad Hoc Committee on Prelicensure has produced a conference outline and identified speakers and resource personnel as well as a list of conference participants. External funding has been obtained in support of the conference. A financial contribution from CDA is required in order to balance proposed expenditures and revenue.

EVALUATION:

The degree to which the proposed conference meets expectations may be easily assessed from the record of proceedings, conference attendance and comparison of budget and actual cost.

COSTS: CDA CONFERENCE ON PRELICENSURE

1. 17 Speakers and Resource Persons

Travel @ 530	9,010
Hotel @ 75 x 2	2,550
Honoraria	2,000

Total	13,560
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2. Conference Meals:

Reception 1 @ 52 x \$35	=	1,820
Banquets 2 @ 52 x \$35	=	3,640
Luncheons 2 @ 52 x \$12	=	1,248
Breakfasts 2 @ 52 x \$9	=	936

7,644

3. Hotel Costs

Meeting rooms	\$ 680
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TOTAL OF ABOVE	27,134
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Less Grants (NDEB \$5,000 CFDE \$5,000)	10,000
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11,884

BJH:dh

TIMETABLECONFERENCE ON PRELICENSUREDAY ONEMORNING (PLENARY) SESSION

<u>TIME</u>	<u>TOPIC</u>	<u>LENGTH</u>
9:00	Keynote Speaker: an international perspective on needs, trends and developments in oral health.	1/2 hour
9:30	The Medical Profession: A historical review of developments re licensure.	1/2 hour
10:00	Coffee break	1/2 hour
10:30	The Legal Profession: A historical review of developments re licensure.	1/2 hour
11:00	The Dental Profession: A historical review of developments re licensure and review of current arrangements for testing and licensure.	1/2 hour
11:30	Morning session concludes.	
	LUNCH	2 hours

DAY ONE

AFTERNOON SESSION (Plenary & Workshops)

TIME	TOPIC	LENGTH
1:30	<u>Plenary On Education:</u> (a) Dental Schools and Curriculum	20 minutes
	(b) Relationship of Dental Research and prelicensure	20 minutes
	(c) Effect on students and their training	20 minutes
2:30	COFFEE BREAK	1/2 hour
3:00	WORKSHOPS ON EDUCATION (4 groups)	1 hour
4:00	Workshops conclude to receive reports	45 minutes
5:00	Afternoon session concludes	
7:00	Reception	
8:00	Dinner with Keynote speaker (to be decided)	

DAY TWO

MORNING SESSION (Plenary & Workshops)

TIME	TOPIC	LENGTH
8:30	PLENARY ON PRACTICE	
	(a) Impact on general practice	20 minutes
	(b) Prelicensure as an instrument for maintenance of standards.	20 minutes
	(c) Benefits and implications for the public	20 minutes
9:30	COFFEE	1 hour
10:00	WORKSHOPS ON PRACTICE (4 groups)	1 hour
11:00	Workshops conclude and reporters prepare for plenary session.	15 minutes
11:15	Plenary session to receive reports.	45 minutes
12:00	Morning session concludes	
	LUNCH	1 1/2 hours

DAY TWO

AFTERNOON SESSION

TIME	TOPIC	LENGTH
1:30	Plenary on Implementation	20 minutes
	(a) Placement and location of graduates	
	(b) Examination and procedures for licensure	20 minutes
2:10	Workshops on Implementation (4 groups)	1 hour
3:10	Workshops conclude and reporters prepare for plenary session during COFFEE BREAK	20 minutes
3:30	Plenary session to receive reports on implementation.	1 1/2 hours
4:00	Integration and Summary	1 hour
5:00	Conference concludes.	

REQUIREMENTS FOR APPROVAL OF A GRADUATE/POSTGRADUATE PROGRAM IN PROSTHODONTICS

The Council on Education and Accreditation of the Canadian Dental Association is dedicated to the objective of developing and improving graduate/postgraduate education in the dental specialties in Canada to the highest possible level. The Council on Education and Accreditation reaffirms that in conducting evaluation surveys its prime purpose is to assist, stimulate and recommend methods and procedures that enable sponsoring institutions to improve the effectiveness of their programs. To this end Council considers the encouragement of sound educational experimentation and innovation to be an integral part of its accrediting responsibility. It is not Council's intention to impose a system of regimentation which would lead to the standardization of educational programs in the specialty areas in Canadian dental schools.

This document delineates the minimum requirements for approval of a graduate/postgraduate program in Prosthodontics. These requirements must be met for a program to be approved by the Council on Education and Accreditation.

In addition, Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected;

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow suggested alternative.

Graduate Program:

One in which administrative responsibility for the program resides in the university's school of graduate studies.

I. Definition of Terms (cont'd.)

Postgraduate Program:

A planned sequence of courses, offered at universities, dental schools, associated teaching hospitals and/or other similar institutions designed to provide advanced educational experience, the successful completion of which is recognized by a diploma or certificate. Where institutional policy permits, it may lead to a degree in a professional field, e.g., Master of Dental Science or some similar designation, or it may form part of a more extensive program leading to a degree.

II. Prosthodontics

Prosthodontics is that branch of dentistry pertaining to the restoration and maintenance of oral function, comfort, appearance and health of the patient by the restoration of the natural teeth and the replacement of missing teeth and contiguous tissues with artificial substitutes.

A Prosthodontist is a dentist who is specially trained in Prosthodontics by advanced education, training and clinical experience.

There are three main areas in Prosthodontics: restorative dentistry, (operative dentistry and fixed prosthodontics), removable prosthodontics and maxillofacial prosthetics.

Therefore, Prosthodontics is concerned with:

- 1) the restoration of individual teeth
- 2) the replacement of missing teeth and/or oral structures
- 3) the management of masticatory relationships to achieve normal function
- 4) the prosthetic management of patients with congenital or acquired oral and/or facial abnormalities.

These services may include adjunctive treatment and management necessary for the proper completion and maintenance of such restoration.

III. Scope and Duration of Educational Program

The educational program must stimulate the student's desire to be creative, to acquire new skills and to develop innovations in Prosthodontic Dentistry. It should encourage the development of that critical and inquiring attitude which is necessary for the advancement of practice, research and teaching in Prosthodontic Dentistry. The program must educate future prosthodontic dentists to work in coordination with members of other health and social disciplines.

Whether the educational program is designated as a graduate or as a postgraduate program, the successful completion of the curriculum must require a minimum of two academic years. Programs that have a substantive research component sufficient for the preparation and defence of a thesis will usually require additional time to ensure clinical competence.

A student may be enrolled on a part-time basis provided that: the student enrolled on a part-time basis must be continuously enrolled and must complete the total curriculum in a period of time not to exceed twice the duration of the program for full-time students.

It is the candidate's responsibility to determine and to meet the licensure and specialty recognition requirements for the geographic area in which the candidate plans to practice.

IV. Areas to be assessed

(a) Program Goals & Objectives

Program self evaluation must be carried out on a periodic basis to determine if stated goals and objectives pertinent in the light of changing patterns of dental disease and dental practice are being met.

(b) Other Areas to be Assessed

The following areas will be assessed as they pertain to the stated program goals and objectives:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Faculty and Faculty Development
5. Research and Scholarly Activity

(b) Other Areas to be Assessed (cont'd.)

6. Admission Standards
7. Curriculum
8. Evaluation Procedures
9. Clinic Administration
10. Preparation for Clinical Practice
11. Learning Resources
12. Student Affairs
13. Relationships with Dental Auxiliary Programs
14. Relationships with Hospitals and other Health Care Facilities
15. Relationships with DDS/DMD and other Health Science Programs
16. Relationships with Health Departments and Community Service Programs
17. Relationships with other Graduate/Postgraduate Programs
18. Relationships with Continuing Education Programs
19. Relationships with Dental Organizations and Licensing Bodies

1. Institutional Relationships

An advanced or dental specialty education program must be sponsored by a university which is properly chartered and licensed to operate and offer instruction leading to a degree, diploma or certificate. All other educational programs offered by the university eligible for accreditation by the Canadian Dental Association must be accredited. A hospital that provides a major component of an advanced dental education program must have its dental service accredited by the Council on Hospital and Institutional Services of the Canadian Dental Association. The hospital must also be affiliated with the respective university and a formal contract of affiliation should exist between university and hospital.

2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental education. The cost of dental clinic operations should be recognized by the university to be educational and, as such, not necessarily totally supported by clinic revenue.

When an affiliated institution is utilized for a part of the program the university is responsible for ensuring that educational objectives are achieved.

The sponsoring university's responsibility includes, but is not limited to, assuring an administrative system which is dedicated to education. Faculty of the program must be involved in selection of candidates, program planning and ongoing program review and evaluation.

The program should be a recognized entity within the university's administrative structure. The position of the program in the administrative structure should be consistent with that of other parallel programs and the administrator should have authority, responsibility and privileges comparable to those of other program administrators.

The educational mission must not be compromised by a reliance on students to fulfill institutional service, teaching or research obligations. Resources and time must be provided for the proper achievement of educational objectives.

Student support through stipends, tuition remission, graduate assistant appointments or scholarships should be provided.

Universities sponsoring advanced or dental specialty programs must provide financial support which will assure fulfillment of program objectives and accreditation requirements on a continuing basis. The budget should provide sufficient resources for innovations and changes which reflect current concepts of higher education and new developments in the practice of the specialty.

3. Physical Facilities

In surveying a program Council will examine the type of building, the equipment of the classrooms, laboratories, clinical, hospital and institutional facilities, and the general condition in which these are found. These will be viewed in light of current concepts and philosophies of dental practice and education. These facilities must permit effective attainment of the program objectives.

Space should be designated specifically for the program and the facilities should be supplied with modern equipment and instruments. Adequate radiographic and laboratory facilities must be available and in reasonable proximity to the patient treatment area. Students should be able to carry out part of their education in the hospital out-patient dental clinic, on the ward and in the operating room.

Where graduate/postgraduate programs are conducted at institutions which also have other programs it is expected that the demands for classroom, laboratory, seminar, library, clinical and other facilities will not compromise any individual program.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office* as developed by the Council on Health Care of the Canadian Dental Association. Where

*Appendix I

provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to ensure operation within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

4. Faculty and Faculty Development

Both basic science and clinical faculty must have qualifications appropriate to their field of instruction. Such qualifications should include completion of advanced education programs, extensive clinical and/or teaching experience, research and other scholarly productivity, and peer recognition. A significant number of clinical staff should be certified specialists or possess comparable qualifications. The director of the program should possess advanced education in Prosthodontics to qualify for a membership or fellowship in the Royal College of Dentists of Canada. Ideally the director should be a full-time faculty member as defined by the university.

Graduate/Postgraduate education must encourage independent study by the student. Continuous close supervision by the faculty is neither necessary nor desirable. However, it is expected that the faculty will be available to provide adequate supervision and guidance as the student requires. For this reason an adequate proportion of the faculty in Prosthodontics should be full-time and be readily accessible to the student. Graduate/Postgraduate programs must have at least one full-time faculty member who has advanced qualifications in Prosthodontics.

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly the number of full-time faculty must be adequate to meet program requirements.

The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaged in administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, tenure and security and methods for merit recognition will also be examined.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the university level demands qualified persons who devote their careers to teaching and research. Appropriately qualified active practitioners also bring to the program a service and viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program.

A mechanism should be in place for ongoing peer review and the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in-service and other training opportunities in order to develop increased expertise in their teaching, research and administrative roles as faculty members.

The Director must have sufficient authority and time to fulfill administrative and teaching responsibilities in order to achieve the educational goals of the program. In addition, it is the Director's responsibility to assure that students completing the program have achieved the standards of performance established for the program and for practice in the specialty.

The program faculty should have a strong interest in teaching and be willing to contribute the necessary time and effort to the educational program. A major portion of the specialty instruction and the supervision must be conducted by individuals who are educationally qualified in the discipline. In addition individuals who provide instruction and supervision specific to other specialty areas must be educationally qualified in their respective specialties.

5. Research and Scholarly Activity

There must be an appropriate commitment to research activity by the faculty teaching in the Prosthodontics program. This responsibility should also involve students and should have the support of the parent university with respect to finances and facilities. An appropriate balance of faculty involvement between teaching and research must exist so that the quality of the program in Prosthodontics is not compromised. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

6. Admission Standards

Admission must be based on specific selection criteria which must be defined and be readily available to advisors and applicants. Academic performance should not be the sole criterion. Admissions committees should consider non-academic criteria in the over-all assessment of applicants for admission.

Candidates should be graduates from approved dental schools in Canada or the United States or possess the equivalent educational background. The applicant's academic standing must be such that it gives reasonable assurance of the successful completion of the program. It is suggested that several means be used to evaluate the applicant's qualifications. Among these are personal recommendations, interviews, national board results, academic records and, in the case of graduates whose first language is not the one of instruction of the institution, a language proficiency examination.

The university should have a stated policy concerning admission of advanced standing or transfer students and copies of this policy should be readily available.

It is recognized that students may transfer, with credit, from one accredited program to another, for a variety of reasons. An accredited program accepting such a transfer student must also clearly recognize an obligation to ensure that the student completes overall didactic and clinical preparation required. Programs must be able to demonstrate how they are assured that no aspect of clinical preparation, in particular, has been omitted or insufficiently emphasized.

7. Curriculum

Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives. It is the responsibility of the institution to maintain under continuing review and amendment the curriculum of the graduate/postgraduate program in Prosthodontics. Council expects not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as in dental practice, through appropriately placed changes in specific areas of the graduate/postgraduate program in Prosthodontics.

By definition, a graduate/postgraduate program provides advanced education experience beyond the undergraduate level. It is expected therefore that courses will be taught at a greater depth and breadth than in the undergraduate curriculum. Where required for the purpose of improving the student's general background, a minimum number of undergraduate courses may be permitted as part of the program. Since graduate/postgraduate programs must emphasize independent study, the number of required formal courses should not be so excessive as to preclude the candidate from undertaking library work and other independent study.

Basic Sciences:

The objectives of instruction in the basic sciences must:

- 1) provide comprehension in greater scope and depth than achieved in undergraduate education with particular emphasis on fundamental principles and recent advances

Basic Sciences:

- 2) emphasize the interrelationships among the basic sciences and to correlate them with clinical practice
- 3) develop the capacity for objective analysis and critical evaluation of scientific information.

Clinical Sciences:

The objectives of instruction in the clinical sciences must:

- 1) enhance the candidate's diagnostic acumen and clinical judgment in the diagnosis and planning of treatment for conditions more complex than those encountered in the undergraduate experience
- 2) provide advanced clinical experience beyond that usually required of the general practitioner in the management of conditions appropriate to the field of specialization
- 3) emphasize the need for basing clinical judgments on objective criteria and to avoid any tendency toward unnecessary empiricism or dogmatism
- 4) ensure that treatment in the field of specialization is appropriately related to the dental and general needs of the patient.

Although the basic sciences are taught in the undergraduate years, they are developing so rapidly that the student should be made acquainted with recent advances in order to understand better the biologic fundamentals of dental practice.

Basic science instruction should be designed to be relevant to the specialty discipline and to the clinical management of the patient. The clinical program should include a variety of clinical experiences. Emphasis must be placed upon thoroughness of patient evaluation and accuracy in diagnosis. Experience should be acquired in the treatment of both routine and complex cases.

Consultation with teachers of other specialty areas of dental practice and offering of joint seminars should be encouraged. Assignment of students to other graduate/postgraduate clinics should be fostered so that they may observe modes of treatment related to their field. Observation of faculty in the private practice setting is desirable.

Participation in teaching is a learning experience for the student as it enhances the ability to organize and evaluate material and communicate information to others. The student should be assigned to teach in the institution's programs and also encouraged to participate in table clinics, demonstrations or lectures before dental society meetings and study clubs. Participation as both clinician and student in the institution's continuing education program is also recommended. Other continuing education experiences are encouraged.

The program must ensure that the student participates in a research experience. The disciplined analysis involved in a clinical or laboratory research experience can be highly rewarding and can stimulate the intellectual curiosity of the student. While not every institution is prepared to offer extensive research facilities, a research experience need not be sophisticated.

The program must also ensure that the student is able to prepare a scientific paper suitable for publication.

The following list, although not exhaustive, represents those subjects which Council expects to find in an acceptable program. These subjects may be present with varying degrees of emphasis and may not necessarily be identified by a specific course title or name:

A. Didactic - Biomedical Sciences

- Biochemistry
- Embryology and Genetics
- Growth and Development
- Head and Neck Anatomy
- Microbiology and Immunology
- Microscopic Anatomy
- Neuroanatomy
- Pathology - General
- Oral
- Pharmacology and Therapeutics
- Physiology

B. Didactic - Preparation for Prosthodontics

Instruction in Prosthodontics must provide knowledge at the indepth level to include:

- Complete Denture Prosthodontics
- Fixed Partial Prosthodontics
- Maxillofacial Prosthetics
- Operative Dentistry
- Removable Partial Prosthodontics

C. Didactic - Complimentary Course Material

- Anxiety and Pain Control
- Behavioral Sciences
- Biostatistics and Research Methodology
- Dental Biomaterials Science
- Diagnosis and Physical Evaluation
- Geriatric Prosthodontics
- History of Prosthodontics
- Hospital Protocol
- Implant Prosthodontics

Didactic - Complimentary Course Material (cont'd.)

Jurisprudence and Medicolegal Ethics
Literature Review and Scientific Writing
Management of Medically Compromised Patients
Medical Emergencies
Nutrition
Oncology
Practice Management
Related Dental Specialties
Speech Pathology
Teaching Methodology

D. Clinical Program

The special knowledge and skills and the critical judgment required of a prosthodontic dentist necessitate extensive clinical practice. The clinical material must be of sufficient quantity and variety to provide the broad range of learning experiences essential to the prosthodontic dentist's education and training. The student must work cooperatively with consultants and clinicians in other dental specialties and health fields. Clinical experience must be provided to develop competency in the following areas:

It is expected that students will provide prostheses for a variety of situations including representative experiences in each of the areas of Prosthodontics; the appropriateness of treatment for specific patient needs must be paramount. The possibilities include:

- 1) Various single and multiple tooth restorations employing various restorative materials in dentate patients or in partially edentulous patients with various combinations of other prostheses.
- 2) Various fixed prosthodontic restorations from a few units to complete arch restorations in combination with other fixed or removable prostheses.
- 3) Removable partial dentures alone or in combination with fixed partial or complete dentures
- 4) Complete dentures for both arches or for one arch in combination with natural teeth and/or other prostheses.
- 5) Maxillofacial prostheses in limited numbers unless the program emphasizes maxillofacial prosthetics. These will include the more common prosthodontic approaches to the treatment of surgical, traumatic and congenital deformities.
- 6) Patients with a variety of complicating problems e.g. relating to anatomy, physiology, psychology, jaw relations, local and systemic health problems, must be treated. It is expected that the importance of adequate diagnosis, treatment planning and continuing care will be emphasized.

8. Evaluation Procedures

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, the Council must be satisfied that these systems accurately establish the basis for judgments which will govern the promotion or graduation of the student concerned.

Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

9. Clinic Administration

The clinical records must be sufficiently comprehensive for teaching purposes. Appropriate follow-up of patients for longitudinal studies must be carried out and adequate records must be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. The use of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty must be judiciously and carefully monitored. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to the following:

- 1) Audit of Patient Care
- 2) Collection of Patient Fees
- 3) Consultative Protocols
- 4) Fire and Safety Procedures
- 5) Medical Emergency Procedures
- 6) Patient Follow-up for Longitudinal Studies
- 7) Patient Assignment
- 8) Patient Recall
- 9) Patient Records
- 10) Prevention of Disease Transmission
- 11) Professional Decorum
- 12) Technical Laboratory Support

Such policies and protocols must be available for the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the Prosthodontic program. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

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Effective working relationships between the Program Director, the Clinic Director or comparable appointee and other administrators are essential. The Program Director must have access to relevant faculty policy and decision-making groups and should have appropriate committee appointments. The Program Director must establish and maintain effective working relationships with the administrators of pertinent affiliated institutions.

10. Preparation for Clinical Practice

A graduate of the program must be capable of meeting the dental health needs of the public as a practitioner of the specialty of Prosthodontics. The student must be provided with sufficient opportunity for development of proficiency in the specialty of Prosthodontics. There must be a sufficient supply of patients requiring a wide variety of prosthodontic services in order to provide adequate clinical experience. Treatment of disadvantaged patients should also be included. Patient assignments must provide adequate clinical experience. Clinical experience must be such as to produce a graduate who can safely and competently render those services usually provided in the practice of Prosthodontics.

11. Learning Resources

The library is viewed as an important learning centre in the educational program. It must, whether established separately or within a combined library, be professionally administered and well housed. It should be convenient and accessible to both students and faculty during and after scheduled hours of instruction. Reference material should be readily available for students. In addition, in the clinic or the laboratory, selected reference material should be readily available for students. The staff of the resource centre must be sensitive and responsive to the teaching and research activities of the program. Council encourages expanded development and use of audiovisual material and modern techniques of information processing and retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty awareness of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

12. Student Affairs

Accurate information on fees, special charges, scheduling and evaluation procedures must be made available. Records of student progress and accomplishments must be accurately maintained and treated as confidential information. Adequate measures must be in place to ensure fair judgment of the student's achievements relative to requirements for successful completion of the program.

Basic financial support and supplementary support for special activities such as research, scientific conferences and continuing education courses are desirable.

At regular intervals students should be afforded an opportunity for expression of opinion regarding the program and the instruction received.

13. Relationships with Dental Auxiliary Programs

To the extent that mutually beneficial activities can be developed, it is appropriate for co-operation to take place between programs in Prosthodontics and dental auxiliary programs.

14. Relationships with Hospitals and Other Health Care Facilities

Dental Services of Hospitals utilized in advanced educational programs must be approved by the Council on Hospital and Institutional Services of the Canadian Dental Association .

15. Relationships with DDS/DMD and Other Health Science Programs

Activities that are mutually beneficial to the program in Prosthodontics and the DDS/DMD program and/or other health science programs may be developed and are encouraged.

16. Relationships with Health Departments and Community Service Programs

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

17. Relationships with other Graduate/Postgraduate Programs

Mutually beneficial activities between and among graduate/postgraduate programs should be encouraged. Joint participation in selected basic science and clinical courses is encouraged. The joint management of patients is expected, where appropriate.

18. Relationships with Continuing Education Programs

Participation of students in pertinent continuing education programs is an excellent means of providing current knowledge in concentrated form. The development and presentation of material in continuing education courses should be an integral part of the preparation of the student for service to the profession and a possible academic career.

19. Relationships with Dental Organizations and Licensing Bodies

Clinical faculty should be licensed in the province in which the program is located. Membership and participation in local, provincial and national organizations by faculty members should be encouraged as an example to students, an obligation to professionalism and an opportunity for information exchange. Student participation should also be encouraged as an active learning experience.

REQUIREMENTS FOR APPROVAL OF A PROGRAM LEADING TO A DDS/DMD DEGREE

The Council on Education and Accreditation of the Canadian Dental Association is dedicated to the objective of developing and improving dental education in Canada to the highest possible levels. The Council has presented requirements and guidelines pursuant to dental school evaluation since 1948 and through its committees and survey teams has been accrediting programs since 1950. The Council on Education and Accreditation reaffirms that in conducting evaluation surveys its prime purpose is to assist, stimulate and recommend methods and procedures that enable sponsoring institutions to meet accreditation standards and to improve the effectiveness of their programs. To this end, Council considers the encouragement of sound educational experimentation and innovation to be an integral part of its accrediting responsibility. It is not Council's intention to impose a system of regimentation which would lead to the standardization of teaching programs in Canadian dental schools.

This document delineates the minimum requirements for approval of a DDS/DMD program. These requirements must be met for a program to be approved by the Council on Education and Accreditation.

In addition, Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected:

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow suggested alternatives.

Graduate Program:

One in which administrative responsibility for the program resides in the university's school of graduate studies.

I. Definition of Terms (cont'd.)

Postgraduate Program:

A planned sequence of courses, offered at universities, dental schools, associated teaching hospitals and/or other similar institutions designed to provide advanced educational experience. Where institutional policy permit, it may lead to a degree in a professional field, e.g., Master of Dental Science or some similar designation, or it may form part of a more extensive program leading to a degree.

II. Areas to be Assessed

(a) Program Goals & Objectives

Program self evaluation must be carried out on a periodic basis to determine if stated goals and objectives pertinent in the light of changing patterns of dental disease and dental practice are being met.

(b) Other Areas to be Assessed

The following areas will be assessed as they pertain to the stated program goals and objectives:

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Faculty and Faculty Development
5. Research and Scholarly Activity
6. Admission Standards
7. Curriculum
8. Evaluation Procedures
9. Clinic Administration
10. Preparation for Clinical Practice
11. Learning Resources
12. Student Affairs
13. Relationships with Dental Auxiliary Programs
14. Relationships with Hospitals and other Health Care Facilities
15. Relationships with Other Health Science Programs
16. Relationships with Health Departments and Community Service Programs
17. Relationships with Graduate/Postgraduate Programs
18. Relationships with Continuing Education Programs
19. Relationships with Dental Organizations and Licensing Bodies

1. Institutional Relationships

Council requires that the dental school must exist as a distinct Faculty, College or School, of a recognized University enjoying the same status and responsibility as any other comparable unit in the University. Dental students must have the same rights and privileges as other students of the University. It is expected that the standards of teaching and scholarship found to exist in the dental school will place it on a level with other professional schools in the parent institution.

2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental education. The cost of dental clinic operations should be recognized by the university to be educational and, as such, not necessarily totally supported by clinic revenue.

3. Physical Facilities

In surveying a program Council will examine the type of building, the equipment of the classrooms, laboratories, clinics, hospital and institutional facilities and the general condition in which these are found. These will be viewed in light of current concepts and philosophies of dental practice and education. These facilities must permit effective attainment of the program objectives.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office* as developed by the Council on Health Care of the Canadian Dental Association. Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to ensure operation within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

4. Faculty and Faculty Development

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly, the number of full-time faculty must be adequate to meet program requirements. The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaged in administration must be such as to ensure the quality of the program.

*Appendix I

The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, tenure and job security and methods for merit recognition will also be examined.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the university level demands qualified persons who devote their careers to teaching and research. Appropriately qualified active practitioners who teach part-time bring to the program expertise and a viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program.

A mechanism should be in place for ongoing peer review of all of a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in-service and other training opportunities to develop increased expertise in their teaching, research and administrative roles as faculty members.

5. Research and Scholarly Activity

There must be an appropriate commitment to research activity by the university, the dental school and the faculty members. This responsibility should also involve students and should have the support of the parent university with respect to finances and facilities. An appropriate balance of faculty involvement between teaching and research must exist so that the quality of the DDS/DMD program is not compromised. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

6. Admission Standards

Council recognizes that there may be varying patterns of pre-professional education but expects that the overall period for professional education should be not less than six years of post-secondary education, usually consisting of two years pre-professional and four years professional.

Admission must be based on specific selection criteria which must be defined and be readily available to advisors and applicants. Academic performance should not be the sole criterion. Admissions committees should consider non-academic criteria in the over-all assessment of applicants for admission. Council expects that admission committees will use the Dental Admissions Test, administered by the Canadian Dental Association, or a validated alternative test approved by the Council.

Council maintains a particular interest in admissions testing and encourages dental schools in the use and evaluation of tests and measurements of demonstrated usefulness. Council encourages the development of or participation in studies designed to evaluate other methods of improvement to the admissions process.

Those institutions which accept advanced standing or transfer students must have specific criteria which are defined for admission and which are readily available for applicants.

7. Curriculum

Council will examine the curriculum with reference to the stated objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives. It is the responsibility of the dental school to maintain under continuing review and amendment the curriculum of the program leading to a DDS/DMD degree. Council expects not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a DDS/DMD degree.

Council recommends the AADS Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both educational programs and accreditation survey teams will utilize this resource to review the adequacy of a program's curriculum.

The following list, although not exhaustive, represents those subjects which Council expects to find in an acceptable program. These subjects may be present with varying degrees of emphasis and may not necessarily be identified by specific course title or name.

Anatomy: Gross Anatomy	Microbiology
Microscopic Anatomy	Nutrition
Neuroanatomy	Occlusion
Anaesthesiology: General	Occupational Health Hazards in
Local	Dentistry
Anxiety and Pain Control	
Behavioral Sciences	Oral Biology
Biochemistry	Orthodontics
Biostatistics/Research Methodology/ Literature Review	
Communication Skills	Pathology: General
Community Dentistry	Oral
Dental Anatomy	Patient Care and Quality Assurance
	Patient Health Assessment and Evaluation
Dental Auxiliary Utilization	Pediatric Dentistry
Dental Biomaterials	Periodontology
Dentistry for the Disabled	Pharmacology and Therapeutics
Dentistry for the Medically Compromised	Physiology
Diagnosis	Practice Management
Embryology and Genetics	
Emergency Medical Procedures/CPR	Preventive Dentistry
Endodontics	Prosthodontics:
Epidemiology	Restorative Dentistry -
Ethics	
Forensic Dentistry	Operative Dentistry and Fixed Prosthodontics
Geriatric Dentistry	Removable Prosthodontics
History of Dentistry	Maxillofacial Prosthetics
Hospital Dentistry	
Jurisprudence	Public Health
Medicine: General	Radiology
Oral	Surgery: General
	Oral and Maxillofacial

Particular attention must be given to the interrelationship of subjects, especially to the application of the basic sciences to the clinical dental subjects, so that the program comprises a related body of knowledge rather than one of individual and separate subjects. While not minimizing the importance of the technical skills of dentistry, the concept must be established that the practice of dentistry rests firmly upon a thorough education in behavioral, biological and clinical sciences.

Council recognizes that extramural education experiences and internal rotations to specific disciplines are essential and are complementary to the existing core program in clinical dentistry within the institution. However, care must be exercised to ensure that the student's progress in the regular and ongoing clinical treatment of patients in the school setting is not compromised.

A curriculum outline including a statement of goals must be available. These goals must be reflected in defined academic and clinical course objectives, competency standards and evaluation procedures which must be provided to the students.

Each dental school curriculum will be considered by Council on an individual basis. In a progressive science the curriculum cannot remain static and it is considered advantageous to dental education as a whole that individual schools give leadership in different areas. The curriculum content and the time devoted to a subject area will be judged in terms of achievement of the stated aims of the program rather than conformity to a standardized pattern. Successful completion of the curriculum must produce a graduate capable of meeting the dental health needs of the public in general dental practice.

Instruction and evaluation must be designed to develop independent thought. With the assistance of the faculty, students must assume responsibility for their own progress through the program. They should be encouraged through a spirit of enquiry to make valid contributions to the profession through intelligent research.

The dental student should have exposure to other health professions and services. Educational training and experience should be provided in the utilization of auxiliary personnel.

A DDS/DMD program must comprise a minimum of four (4) academic years.

8. Evaluation Procedures

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, Council must be satisfied that these systems accurately establish the basis for judgments which will govern the promotion or graduation of the student concerned.

Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

9. Clinic Administration

The clinical records must be sufficiently comprehensive for teaching purposes. Appropriate follow-up of patients for longitudinal studies must be carried out and adequate records must be kept so that evaluation of therapeutic procedures is possible.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. The use of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty must be judiciously and carefully monitored. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to:

- 1) Audit of Patient Care
- 2) Collection of Patient Fees
- 3) Consultative Protocols
- 4) Fire and Safety Procedures
- 5) Medical Emergency Procedures
- 6) Patient Assignment
- 7) Patient Follow-up for Longitudinal Studies
- 8) Patient Recall
- 9) Patient Records
- 10) Prevention of Disease Transmission
- 11) Professional Decorum
- 12) Technical Laboratory Support

Such policies and protocols must be available for the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Program Director, the Clinic Director of comparable appointee and other administrators are essential. The Program Director must have access to relevant faculty policy and decision-making groups and should have appropriate committee appointments. The Program Director must establish and maintain effective working relationships with the administrators of pertinent affiliated institutions.

10. Preparation for Clinical Practice

A graduate of the program must be capable of meeting the dental health needs of the public as a practitioner in general dentistry. The student must be provided with sufficient opportunity for development of proficiency in clinical dentistry. Patient assignments must provide adequate clinical experience. The opportunity to observe facets of specialty practice in dentistry should be provided. Clinical experience must be such as to prepare the student who as a graduate will render those services normally provided in the practice of general dentistry. Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

11. Learning Resources

A library will be viewed as a learning centre in the dental program. It must, whether established separately or within a combined library, be professionally administered and well housed. It should be convenient and accessible to both students and faculty during and after scheduled hours of instruction. Reference material should be readily available for students when in the clinic or the laboratory. The resource centre must be sensitive and responsive to the teaching and research activities of the program.

The Council encourages expanded development and use of audio-visual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty awareness of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

12. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which student concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counselling and health services should be available to all students.

13. Relationships with Dental Auxiliary Programs

Where a DDS/DMD and auxiliary programs exist within the same institution, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

Where auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the geographical area of the dental school but outside the parent university, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to the students of both programs.

14. Relationships with Hospitals and other Health Care Facilities

The dental school must have a functional relationship with at least one hospital with a Service approved by the Canadian Dental Association. This relationship should afford the student the opportunity to learn protocol, to observe working relationships with other health professionals and to provide direct patient care while participating in the management of the health and social problems of the hospital patient. Dental Schools should also develop functional relationships with other institutional health care facilities where available, e.g., nursing homes, convalescent hospitals, etc. The purpose of these relationships in any or all settings is to establish an environment in which to begin the process of preparing students to provide comprehensive dental care to patients in such health care facilities.

15. Relationships with other Health Science Programs

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations among professionals. The student should be made aware of the concerns and dental information needs of other health care professionals.

16. Relationships with Health Departments and Community Service Programs.

Functional relationships should be developed with community health programs, service agencies, local and provincial health departments and at least one community service program with a dental component, e.g. a home care program, school health program, etc., in order that the student may observe these programs and, where appropriate, provide direct patient care while learning about the management of the health and social needs of the patients served.

17. Relationships with Graduate/Postgraduate Programs

Council recognizes the potential value to the DDS/DMD program of complementary graduate and postgraduate programs. These programs should provide stimulation for faculty, exposure to research and desirable interactions and supportive opportunities for DDS/DMD students. The demands of these programs must not be allowed to jeopardize the quality of the DDS/DMD program.

18. Relationships with Continuing Education Programs

Council recognizes the potential value to the DDS/DMD program of faculty-based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not be allowed to jeopardize the quality of the DDS/DMD program.

19. Relationships with Dental Organizations and Licensing Bodies

The student should be made aware of the respective roles of dental organizations and licensing bodies. Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.

The program should foster a co-operative working relationship with the appropriate licensing bodies and dental organizations.

REQUIREMENTS FOR APPROVAL OF A PROGRAM LEADING TO A DENTAL HYGIENE DIPLOMA/CERTIFICATE

The Council on Education and Accreditation of the Canadian Dental Association is dedicated to maintaining and improving the quality of dental hygiene education in Canada to the highest possible levels. This Council is recognized as the official accrediting agency for dental hygiene programs. In addition to the evaluation of educational programs, Council encourages program innovation and provides assistance in initial and on-going program development.

This document delineates the minimum requirements for approval of the dental hygiene program. These requirements must be met for a program to be approved by the Council on Education and Accreditation. When a new program is being planned, it is recommended strongly that the new program administrator and, where applicable, the Advisory Committee, consult with established dental hygiene programs, the Provincial Dental Hygienists' Association, the Provincial Dental Licensing Body and the Provincial Dental Association.

In addition, Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time, the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected;

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow suggested alternative.

II. Areas to be assessed

(a) Program Goals & Objectives

Program self evaluation must be carried out on a periodic basis to determine if stated goals and objectives are being met and remaining pertinent in the light of changing patterns of dental disease and dental practice.

(b) Other Areas to be Assessed

The following areas will be assessed as they pertain to the stated program goals and objectives

1. Institutional Relationships
2. Administration and Support
3. Physical Facilities
4. Faculty and Faculty Development
5. Research and Scholarly Activity
6. Admission Standards
7. Curriculum
8. Evaluation Procedures
9. Clinic Administration
10. Preparation for Clinical Practice
11. Learning Resources
12. Student Affairs
13. Relationships with Other Dental Auxiliary Programs
14. Relationships with Hospitals and other Health Care Facilities
15. Relationships with DDS/DMD and other Health Science Programs
16. Relationships with Health Departments and Community Service Programs
17. Relationships with Graduate/Postgraduate Programs
18. Relationships with Continuing Education Programs
19. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Licensing Bodies

1. Institutional Relationships

The Dental Hygiene Program must be established at a post-secondary institution recognized by the appropriate governmental agency. When the dental hygiene program is not part of a faculty of dentistry, an Advisory Committee must be established and maintained. The majority of the membership of the Advisory Committee must consist of dental hygienists and dentists who are not members of the program's faculty and who can provide information and advice concerning hygiene practice, manpower needs and community health programs. Duties and functions of the Advisory Committee must be defined in accordance with institutional policies, supplemented as necessary, in order to provide effective liaison and communication between the program and the professional community.

The program of dental hygiene should be identified as a recognized School, Faculty, Division or Department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs within the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. Members of the dental hygiene faculty must be given the same recognition and opportunities as other comparable faculty members for initial appointment, promotion and tenure (where appropriate). In addition, there should be opportunities for representation and involvement in committee activities outside the program of dental hygiene.

Dental hygiene students must have similar responsibilities, rights and privileges as other comparable students of the institution.

2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's objectives. Administration and support staff must also be adequate. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental education. The cost of dental clinic hygiene clinic operations should be recognized by the university to be educational and, as such, not necessarily totally supported by clinic revenue.

Adequate administrative, secretarial, clerical and other support staff must be available to assist with student and patient records, preparation of teaching materials and other administrative responsibilities such as student admissions. Adequate clinical maintenance and custodial staff must be available to assume responsibility for maintenance of all facilities.

The institution must make provision for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids. Financial support should be available to provide opportunities for professional development of faculty. Allocations for faculty salaries should ensure that the program will be in a competitive position for recruiting and retaining qualified and experienced faculty. Financial support should be adequate to permit both short term and long range planning and implementation of innovative changes in the program.

The dental hygiene program must establish within its administrative organization, committees to assist with administrative and teaching responsibilities, especially in the areas of curriculum, admissions and promotions. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the dental hygiene faculty, students and qualified individuals from the parent institution and the dental and dental hygiene professions.

3. Physical Facilities

Physical facilities and equipment must be adequate to permit achievement of both didactic and clinical objectives of the program and should be assessed annually in relation to current concepts of education and dental and dental hygiene practice. The adequacy of facilities will be evaluated in relation to the available facilities and the dental hygiene student enrollment.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office* as developed by the Council on Health Care of the Canadian Dental Association. Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to operate within safe parameters. There should be adequate space for students to mount, view and evaluate radiographs.

Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity. However, it may be necessary in some instances for the institution to use an off-campus facility. Specific requirements for administration, faculty, facilities, patients and instruction must be identified and policies and procedures for operation of any off-campus clinical facility must be consistent with the objectives of the dental hygiene program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be negotiated and confirmed in writing and must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The dental hygiene program administrator must retain authority and responsibility for instructional requirements and assignment of students. Clinical instruction should be provided by the dental hygiene program faculty.

* Appendix I

Adequate space should be available for the dental hygiene faculty, secretarial and clinical support staff. The location and size of offices should be conducive to the effective use of faculty and staff time and program resources for class preparation and student counselling.

Adequate facilities must be available for laboratory and preclinical activities. Such space must be adequately equipped, readily accessible and conducive to safe and efficient utilization by dental hygiene faculty and students. If necessary, any laboratory may be used provided that the equipment available is adequate and/or modified to fulfill the program objectives. Space must be available for storage of office, clinic and laboratory supplies and equipment, instructional media, student, patient and program files and records.

4. Faculty and Faculty Development.

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly the number of full-time faculty must be adequate to meet program requirements. The relationship between and among individual faculty members and between faculty primarily engaged in research and teaching and those primarily engaged in administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for clinical practice, teaching and research and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, tenure and security and methods for merit recognition will also be examined.

Terms of reference for faculty positions which clearly define responsibilities and privileges should be established and be made known to the faculty.

It is recognized that teaching in itself is a profession and professional education at the post-secondary level demands qualified persons who devote their careers to teaching and scholarly activity. Appropriately qualified active dental hygienists who teach part-time bring to the program a service and viewpoint which is essential and an appropriate number of such individuals must participate in the teaching program.

A mechanism should be in place for ongoing peer review of all a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in other training opportunities and in-service programs to develop increased expertise in their teaching, research and administrative roles as faculty members.

A sufficient number of appropriately qualified dentists in general and specialty practice must be available to provide instruction in the dental sciences.

The program in dental hygiene will normally have an administrator who has a full-time appointment and the responsibility and authority equal to that of other administrators conducting comparable programs at the parent institution. If a part-time administrator is in charge, the Council must be assured that overall arrangements for administrative supervision are adequate to achieve program objectives. The program-level administrator must be a dental hygienist or dentist with the experience and educational background to implement the objectives of a dental hygiene program.

The administrator's responsibilities should include: budget preparation, fiscal administration, development, co-ordination and review of curriculum, selection and recommendation of individuals for faculty appointment and promotion, staff in-service and faculty development, participation in determining admission and promotion criteria and procedures, planning and operation of clinical facilities selection of extramural facilities and co-ordination of instruction.

The administrator's teaching responsibilities should be less than those of full-time faculty not having administrative responsibilities.

When a program is being planned, the appointment of the administrator should be made in advance of the program starting date to allow time for developing curriculum, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

The number of faculty must be sufficient to ensure adequate faculty/student ratios with reasonable student contact hours. Time must be available for class preparation, student evaluation and counselling and development of subject content and appropriate evaluation criteria and methods. Time must be provided to permit professional development which may include private practice and/or scholarly activity.

5. Research and Scholarly Activity

Opportunities should be provided for faculty and student involvement in research and scholarly activity and off campus, provided that such experience is generally consistent with and supports the achievement of the objectives of the dental hygiene program. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

6. Admission Standards

The process by which students are selected for admission must be based on published criteria which permit the selection of students with academic potential and the necessary social, physical and emotional characteristics. Criteria for admission should include consideration of: successful completion of a high school academic program or equivalent, high school performance records, health status, aptitude for and interest in a career in dental hygiene. Whenever possible the admission process should include an interview. Procedures for admission should be defined by the dental hygiene faculty in co-operation with appropriate administrators and resource persons. Admission policy, including minimum requirements, criteria and procedures for selection of candidates, mature student's admission, and advanced standing must be defined clearly and be readily available to applicants and others. Recruitment activities should occur as required to ensure an adequate number of qualified and informed applicants.

An Admission Committee must be elected or appointed for the purpose of selecting candidates for admission to the program. This committee should include representatives from the dental hygiene program as well as other individuals who are qualified to define and evaluate dental hygiene admissions procedures and criteria. In addition the expertise of other resource people should be utilized to assist in the correlation and interpretation of data to determine the predictive validity of admission requirements and selection criteria.

An institution should consider granting advanced standing to students who have completed successfully studies which are equivalent to specific areas of instruction in the dental hygiene curriculum. Equivalency or challenge examinations may be used to establish advanced standing.

7. Curriculum

The curriculum of a dental hygiene program must provide the educational foundation required to perform dental hygiene functions as outlined by the program objectives. Program objectives should reflect current concepts and functions of dental hygiene practice. The Council will examine the curriculum with reference to the stated goals and objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives.

The dental hygiene faculty must have a significant role in the planning, development, evaluation and revision of the curriculum. It is the responsibility of the dental hygiene program to maintain under continuing review and amendment, the curriculum of the program leading to a diploma in Dental Hygiene. Council will expect not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a diploma in Dental Hygiene.

The overall objectives of the educational program must be set out in a clear and concise fashion and there must be evidence that the program components have been designed and arranged in such a fashion that these objectives may be achieved. The objectives of individual program components must also be set out in detail and related to the overall program objectives.

All student learning activities must be effectively co-ordinated and integrated so that the student's educational experience is comprehensive and complete. There should be evidence of thoughtful provision to assist the relationship of theoretical and clinical components of the program and in general to reinforce and augment previous learning as new program components are introduced to the student.

Council recommends the AADS Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both education programs and accreditation survey teams will utilize this resource to review the adequacy of the program's curriculum.

A curriculum outline, including a statement of general goals must be available.

The following list, although not exhaustive represents the main core subjects which Council expects to find in an acceptable program, although not necessarily identified by a specific course title or name.

General Studies:

Communication Skills
Language
Psychology
Sociology

Basic Sciences:

Biology
Chemistry

Biomedical Sciences:

Anatomy
Biochemistry
Microbiology
Nutrition
Pathology
Pharmacology
Physiology
Physiology

Emergency Medical Skills

Initial Emergency
Response
Elements of First Aid
CPR

Dental Sciences:

Dental Anatomy
Dental Biomaterials
Embryology
Head, Neck & Oral Anatomy
Microscopic Oral Anatomy
Oral Pathology
Oral Physiology
Oral Therapeutics
Periodontology

Dental Hygiene Preparation and Practice:

Anxiety and Pain Control
Clinical Dental Hygiene,
including:
Pedodontics
Geriatrics
Medically Compromised
Disabled

Dental Health Team

Relationships
Dental Public Health
Dental Specialties
Ethics & Jurisprudence
Occupational Health Hazards
Oral Health Education
Preventive Dentistry
Radiography

8. Evaluation Procedures

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, Council must be satisfied that these systems accurately establish the basis for judgements which will govern the promotion or graduation of the dental student concerned.

Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

9. Clinic Administration

Clinical records of the institution must be sufficiently comprehensive for teaching purposes.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. The use of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty must be judicious and carefully monitored. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to the following:

1. Audit of Patient Care
2. Collection of Patient Fees
3. Consultative Protocols
4. Fire and Safety Procedures
5. Medical Emergency Procedures
6. Patient Assignment
7. Patient Follow-up for Longitudinal Studies
8. Patient Recall
9. Patient Records
10. Prevention of Disease Transmission
11. Professional Decorum
12. Sterilization
13. Technical Laboratory Support

Such policies and protocols must be available for the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between, the Clinic Director or comparable appointee and other administrators are essential. The Clinic Director must have access to relevant faculty policy and decision-making groups and should have appropriate committee appointments.

10. Preparation for Clinical Practice

The student must be provided with sufficient opportunity for development of proficiency in clinical dental hygiene. Patient assignments must provide adequate clinical experience and must assure a sufficient number of periodontally involved patients. Opportunities to observe other facets of the clinical practice of dentistry should be provided and should involve experience with all age groups.

Clinical procedures, though not exhaustive should include: patient screening, medical, dental and personal histories, inspection of the head and neck, inspection of the teeth and oral cavity, acquisition of diagnostic material, instruction in oral physiotherapy, diet counselling, removal of soft deposits, scaling and root planning, amalgam polishing, application of fluoride and pit and fissure sealants and any other procedures authorized by the licensing body.

If the program includes instruction in expanded duties the didactic and clinical teaching program in these areas will be subject to review and evaluation. Course content and/or clinical experience should be adequate to prepare the dental hygienist for these increased responsibilities. (Accreditation guidelines for the evaluation of specific expanded duty modules are under development.)

Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained. A qualified dentist must be available to examine all patients, to prescribe radiographic procedures, to make a diagnosis and to establish a treatment plan.

11. Learning Resources

The library is viewed as an important learning centre in the dental hygiene program. It must, whether established separately or within a combined library, be professionally administered and well housed. It should be convenient and accessible to both dental hygiene students and faculty during and after scheduled hours of instruction. Selected reference material should be readily available for students when in the clinic or the laboratory. The staff of the resource centre must be sensitive and responsive to the teaching and research activities of the program. Council encourages expanded development and use of audiovisual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty awareness of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

12. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which students' concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counselling and health services should be available to all students.

13. Relationships with Dental Auxiliary Programs

Where other dental auxiliary programs exist within the same institution or geographic area, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective relationships consistent with a dental health team approach.

Where other dental or dental auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the geographic area of the dental hygiene program but outside the parent institution, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to students of both programs.

14. Relationships with Hospitals and Other Health Care Facilities

Dental hygiene programs should consider developing functional relationships with hospitals, nursing homes and other health care facilities in order to provide opportunities for program enrichment.

15. Relationships with DDS/DMD and Other Health Science Programs

Where DDS/DMD and auxiliary programs exist within the same institution or geographic area, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate in order to foster effective working relationships consistent with a dental health team approach.

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations. The student should be made aware of the concerns and dental information needs of other health care professionals.

16. Relationships with Health Departments and Community Service Programs.

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

Community service programs with a dental component, e.g. home care, school health programs, etc. should be used to provide program enrichment as well as opportunities for community involvement of dental hygiene students.

17. Relationships with Graduate/Postgraduate Programs

Council recognizes the potential value to the dental hygiene program of the transferability of credits toward a Bachelor's degree in Arts and Science. Dental hygiene programs are encouraged to arrange for credits to be transferable where appropriate.

Council recognizes the potential value to the dental hygiene program of complementary graduate and postgraduate programs. These programs should provide stimulation for faculty and desirable interactions and supportive opportunities for dental hygiene students. The demands of these programs must not jeopardize the quality of the dental hygiene program.

18. Relationships with Continuing Education Programs

Council recognizes the potential value to the dental hygiene program of institutionally-based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not jeopardize the quality of the dental hygiene program.

19. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Licensing Bodies

The student should be made aware of the respective roles of dental, dental hygiene and dental assisting organizations and licensing bodies.

Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.

REQUIREMENTS FOR APPROVAL OF A PROGRAM LEADING TO A DENTAL ASSISTING DIPLOMA/CERTIFICATE

The Council on Education and Accreditation of the Canadian Dental Association is dedicated to maintaining and improving the quality of dental assisting education in Canada to the highest possible levels. This Council is recognized as the official accrediting agency for dental assisting programs. In addition to the evaluation of educational programs Council encourages program innovation and provides assistance in initial and on-going program development.

This document delineates the minimum requirements for approval of an educational program leading to a dental assisting diploma/certificate program. These requirements must be met for a program to be approved by the Council on Education and Accreditation. When a new program is being planned it is recommended strongly that the new program administrator and, where applicable the Advisory Committee, consult with established dental assisting programs, the Provincial Dental Assistants' Association, the Provincial Dental Licensing Body and the Provincial Dental Association.

In addition Council may undertake studies related to improvement of the accreditation process. These studies will require the provision of additional information by institutions being surveyed. Council expects the institutions to co-operate in these studies. Although not forming part of the minimum requirements at the time the results of such studies may form the basis for the introduction of new minimum requirements in that area.

I. Definition of Terms

Must; Shall; Council expects; It is expected:

These words or phrases indicate a requirement that is essential or mandatory.

Should:

This word implies that a recommendation is highly desirable.

May or Could:

These words imply freedom or liberty to follow a suggested alternative.

II. Areas to be Assessed:

(a) Program Goals & Objectives

Program self evaluation must be carried out on a periodic basis to determine if stated goals and objectives are being met and remaining pertinent in the light of changing patterns of dental disease and dental practice.

(b) Other Areas to be Assessed

The following areas will be assessed as they pertain to stated program goals and objectives:

1. Institutional Relationships
 2. Administration and Support
 3. Physical Facilities
 4. Faculty and Faculty Development
 5. Research and Scholarly Activity
 6. Admission Standards
 7. Curriculum
 8. Evaluation Procedures
 9. Clinic Administration
 10. Preparation for Dental Assisting Clinical Practice
 11. Learning Resources
 12. Student Affairs
 13. Relationships with Other Dental Auxiliary Programs
 14. Relationships with Hospitals and Other Health Care Facilities
 15. Relationships with DDS/DMD and Other Health Science Programs
 16. Relationships with Health Departments and Community Service Programs
 17. Relationships with Baccalaureate, Graduate/Post Graduate Programs
 18. Relationships with Continuing Education Programs
 19. Relationships with Dental, Dental Hygiene, and Dental Assisting Organizations and Licensing Bodies
1. Institutional Relationships

The Dental Assisting Program must be established at a post-secondary institution recognized by the appropriate governmental agency. When the dental assisting program is not part of faculty of dentistry an Advisory Committee must be established and maintained. The majority of the membership of the Advisory Committee must consist of dental assistants and Dentists who are not members of the program's faculty and who can provide information and advice concerning dental assisting practice, manpower needs and community health programs. Duties and functions of the Advisory Committee must be defined in accordance with institutional policies supplemented as necessary, in order to provide effective liaison and communication between the program and the professional community.

The program of dental assisting should be identified as a recognized School, Faculty, Division or Department of the parent institution. It is expected that the position of the program in the administrative structure will be consistent with that of other comparable programs within the institution. There must be provision for direct communication between the program and the parent institution regarding decisions that directly affect the program. Members of the dental assisting faculty must be given the same recognition and opportunities as other comparable faculty members for initial appointment, promotion and employment. In addition, there should be opportunities for representation and involvement in committee activities outside the program of dental assisting.

Dental assisting students must have similar responsibilities rights and privileges as other comparable students of the institution.

2. Administration and Support

Of particular interest to Council is the adequacy of the available financial support and management relative to the program's stated objectives. The continuity of this support must be demonstrated to ensure ongoing quality instruction and effective management. The parent institution should view, in a practical manner, the unique costs involved in dental assisting education. The cost of dental assisting clinic operations should be recognized by the institution to be educational and, as such, not necessarily totally supported by clinic revenue.

Adequate administrative, secretarial, clerical and other support staff must be available to assist with the student and patient records, preparation of teaching materials and other administrative responsibilities such as student admissions. Adequate maintenance and custodial staff must be available to assume responsibility for maintenance of all facilities.

The institution must make provision for the acquisition and/or replacement of clinical and laboratory equipment, supplies, reference materials and teaching aids. Financial support should be available to provide opportunities for professional development of faculty. Allocations for faculty salaries should ensure that the program will be in a competitive position for recruiting and retaining qualified and experienced faculty. Financial support should be adequate to permit both short term and long range planning and implementation of innovative changes in the program.

The dental assisting program must establish within its administrative organization, committees to assist with administrative and teaching responsibilities, especially in the areas of curriculum, admissions and promotions. Membership and terms of reference for committees must be established and published, recognizing that the parent institution has ultimate responsibility and authority. Committees should include representatives from the dental assisting faculty, students and qualified individuals from the parent institution and the dental and dental auxiliary professions.

3. Physical Facilities

Physical facilities and equipment must be adequate to permit achievement of both didactic and clinical objectives of the program and should be assessed annually in relation to current concepts of education and dental and dental assisting practice. The adequacy of facilities will be evaluated in relation to the available facilities and the dental assisting student enrolment.

The design and construction of radiography facilities must provide adequate protection from ionizing radiation for patient, operator and others in close proximity. The institution must ensure that it is in compliance with provincial and federal regulations relating to radiation protection as delineated in the Guidelines for the Control of Radiation in the Dental Office* as developed by the Council on Health Care of the Canadian Dental Association. Where provincial or federal regulations are not in force it is the institution's responsibility to undertake inspection to ensure operation within safe parameters. Darkroom facilities must be adequate to permit the student to learn processing procedures. There must be adequate space for students to mount, view and evaluate radiographs.

Didactic, clinical and other program facilities should ideally be located in reasonable physical proximity. However, it may be necessary in some instances for the institution to use an off-campus facility. Specific requirements for administration, faculty, facilities, patients and instruction must be identified and policies and procedures for operation of any off-campus facility must be consistent with the objectives of the dental assisting program. A formal agreement between the educational institution and any agency or institution providing the off-campus facility must be negotiated and confirmed in writing and must include clearly defined provisions for renewing and terminating the agreement to ensure program continuity. The dental assisting program administrator must retain authority and responsibility for instructional requirements and assignment of students. Clinical instruction should be provided by the dental assisting program faculty.

Adequate space should be available for the dental assisting faculty, secretarial and clinical support staff. The location and size of offices should be conducive to the effective use of faculty and staff time and program resources for class preparation and student counselling.

*Appendix 1

Adequate facilities must be available for laboratory and preclinical activities. Such space must be adequately equipped, readily accessible and conducive to safe and efficient utilization by dental hygiene faculty and students. If necessary, any laboratory may be used provided that the equipment available is adequate and/or modified to fulfill the program objectives. Space must be available for storage of office, clinic and laboratory supplies and equipment, instructional media, student, patient and program files and records.

4. Faculty and Faculty Development

Student-teacher ratios must be adequate to meet the stated objectives of the program. Similarly, the number of full-time faculty must be adequate to meet program requirements. The relationships between and among individual faculty members and between the faculty and the administration must be such as to ensure the quality of the program.

The general and professional education of the faculty, their preparation and experience for dental assisting practice, teaching and their productive scholarship must be adequate to meet the stated objectives of the program. The number of faculty, teaching loads and administrative responsibilities will be examined in this context. The mechanism for appointment, review and reappointment of faculty members, including those with administrative positions, will be studied. Remuneration and benefits, employment security and methods for merit recognition will also be examined.

It is recognized that teaching in itself is a profession and professional education at the post-secondary level demands qualified persons who devote their careers to teaching and scholarly activity. Appropriately qualified active dental and dental assisting practitioners who teach part-time bring to the program a service and viewpoint which is essential, and an appropriate number of such individuals must participate in the educational program.

A mechanism should be in place for ongoing peer review of all of a faculty member's responsibilities. In addition students should have an opportunity to participate in the evaluation of teaching effectiveness.

The faculty, both full-time and part-time, must be involved in continuing their professional development, including continuing education in their own or related disciplines, as well as in other training opportunities and in-service programs to develop increased expertise in their teaching, research and administrative roles as faculty members.

A sufficient number of appropriately qualified dentists in general and specialty practice must be available to provide instruction in the dental sciences.

The program in dental assisting will normally have an administrator who has a full-time appointment and the responsibility and authority equal to that of other administrators conducting comparable programs at the parent institution. If a part-time administrator is in charge, the Council must be assured that overall arrangements for administrative supervision are adequate to achieve program objectives. The program-level administrator must be a dental assistant or dentist with the experience and educational background to implement the objectives of a dental assisting program.

The administrator's responsibilities should include: budget preparation, fiscal administration, development, co-ordination and review of curriculum, selection and recommendation of individuals for faculty appointment and promotion, staff in-service and faculty development, participation in determining admission and promotion criteria and procedures, planning and operation of clinical facilities, selection of extramural facilities and co-ordination of instruction.

The administrator's teaching responsibilities should be less than those of full-time faculty not having administrative responsibilities.

When a program is being planned, the appointment of the administrator should be made in advance of the program starting date to allow time for developing curriculum, recruiting faculty, preparing facilities, ordering equipment, making clinical program arrangements and establishing admission procedures.

The number of faculty must be sufficient to ensure adequate faculty/student ratios with reasonable student contact hours. Time must be available for class preparation, student evaluation and counselling and development of subject content and appropriate evaluation criteria and methods. Time must be provided to permit professional development which may include private practice and/or scholarly activity.

5. Research and Scholarly Activities

Opportunities should be provided for faculty and student involvement in research and scholarly activity on and off campus, provided that such experience is generally consistent with and supports the achievement of the objectives of the dental assisting program. Investigations leading to the improvement of the educational program should be included in such research activities.

Council believes that there are many worthy research projects, particularly of a clinical or educational nature, which could be undertaken without major funding from external agencies.

6. Admission Standards

The process by which students are selected for admission must be based on published criteria which permit the selection of students with academic potential and the necessary social, physical and emotional characteristics. Criteria for admission should include consideration of: successful completion of a high school academic program or equivalency, high school performance records, health status, aptitude for and interest in a career in dental assisting. Whenever possible the admission process should include an interview. Procedures for admissions should be defined by the dental assisting faculty in co-operation with appropriate administrators and resource persons. Admission policy, including minimum requirements, criteria and procedures for selection of candidates, mature student admissions, and advanced standing admissions must be defined clearly and readily available to applicants and others. Recruitment activities should occur as required to ensure an adequate number of qualified and informed applicants.

An Admissions Committee must be elected or appointed for the purpose of selecting candidates for admission to the program. This committee should include representatives from the dental assisting program as well as other individuals who are qualified to define and evaluate dental assisting admissions procedures and criteria. In addition, the expertise of other resource people should be utilized to assist in the correlation and interpretation of data to determine the predictive validity of admission requirements and selection criteria.

An institution should consider granting advanced standing to students who have completed successfully studies which are equivalent to specific areas of instruction in the dental assisting curriculum. Equivalency or challenge examinations may be used to establish advanced standing.

7. Curriculum

Program objectives should reflect current concepts and functions of dental assisting practice. The curriculum must be structured so as to ensure that the program graduate is capable of performing all procedures identified in the national base competency profile for a dental assistant. The curriculum of a dental assisting program must provide the educational foundation required to perform dental assisting functions as outlined by the program objectives. The Council will examine the curriculum with reference to the stated goals and objectives of the program, what it seeks to accomplish for the student, the profession and the public and its success in realizing these objectives.

The dental assisting faculty must have a significant role in the planning, development, evaluation and revision of the curriculum. It is the responsibility of the dental assisting program to maintain under continuing review and amendment, the curriculum of the program leading to a certificate/diploma in Dental Assisting. Council will expect not only a well balanced curriculum but also one which recognizes changing patterns in the prevalence of dental disease, as well as of dental practice, through appropriately placed changes in specific areas of the program leading to a certificate/diploma in Dental Assisting.

The overall objectives of the educational program must be set out in a clear and concise fashion and there must be evidence that the program components have been designed and arranged in such a fashion that these objectives may be achieved. The objectives of individual program components must also be set out in detail and related to the overall program objectives.

All student learning activities must be effectively co-ordinated and integrated so that the student's educational experience is comprehensive and complete. There should be evidence of thoughtful provision to assist the relationship of theoretical and clinical components of the program and in general to reinforce and augment previous learning as new program components are introduced to the student.

Council recommends the AADS Curricular Guidelines as a valuable resource which outlines in detail a curriculum which fully meets accreditation requirements. Although strict adherence to these guidelines is not required, Council expects that both education programs and accreditation survey teams will utilize this resource to review the adequacy of the program's curriculum.

A curriculum outline, including a statement of general goals must be available.

The following list, although not exhaustive, represents the core subjects which the Council expects to find taught at an appropriate level in an acceptable program. Council expects that the level of instruction and depth of treatment will be appropriate to achieve the programs stated goals and objectives:

A. General Studies:

Communication Skills
Psychology

Biomedical Sciences:

Anatomy
Biochemistry
Microbiology
Nutrition
Pathology
Pharmacology
Physiology
Practice:

Business Skills:

Office Management
Techniques and
Procedures
Accounting and Banking
Typing

Office Emergency Procedures

Initial Emergency
Response
Elements of First Aid
CPR

Dental Sciences:

Dental Anatomy
Dental Biomaterials
Embryology
Head, Neck and Oral Anatomy
Microscopic Oral Anatomy
Oral Pathology
Oral Physiology
Oral Therapeutics
Periodontology

Dental Assisting Preparation and

Clinical Dental Assisting, including:

A) Chairside assisting in
Periodontics, orthodontics
prosthodontics, endodontics,
restorative dentistry, special
needs patient geriatric
patient examination and
charting

B) Associated office and
laboratory procedures

C) Supervised clinical office
experience

Dental Health Team Relationship
Dental Public Health
Dental Specialties
Ethics and Jurisprudence
History of Dentistry
Occupational Health Hazards
Oral Health Education
Preventive Dentistry
Radiography

8. Evaluation Procedures

An effective and valid system of student evaluation must exist and be applied. Understandably these systems and techniques will vary from program to program. However, Council must be satisfied that these systems accurately establish the basis for judgments which will govern the promotion or graduation of the dental student concerned.

Clinical objectives, competency standards and evaluation procedures must be defined. These procedures must include the evaluation of the treatment process as well as the product of such treatment. Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained.

9. Clinic Administration

Clinical records of the teaching institution must be sufficiently comprehensive for teaching purposes.

It is recommended that long-term follow-up of patients be carried out and adequate records be kept so that evaluation of therapeutic procedures is possible.

Equipment and supplies for use in managing medical emergencies must be readily accessible and functional. Attention must be directed to the judicious use and monitoring of ionizing radiation, nitrous oxide, mercury, drugs and other substances and techniques that might be hazardous to students, patients, staff and faculty. Adequate measures must be in place to prevent the transmission of infection.

Policies and/or protocols must exist relating to:

- Audit of Patient Care
- Collection of Patient Fees
- Consultative Protocol
- Fire and Safety Procedures
- Medical Emergency Procedures
- Patient Assignment
- Patient Follow-up for Longitudinal Study
- Patient Recall
- Patient Records
- Prevention of Disease Transmission
- Professional Decorum
- Sterilization
- Technical Laboratory Support

Such policies and protocols must be provided to the students, staff and faculty.

While in certain circumstances students may be required to provide some supplies, equipment and patients, teaching clinics must provide sufficient support staff, supplies, equipment and patients for the adequate teaching of the various clinical programs. In addition, necessary funding for the maintenance and updating of the clinic and eventual replacement of major equipment items must also be ensured.

Effective working relationships between the Clinic Director or comparable appointee and other administrators are essential. The Clinic Director must have access to faculty policy and decision making groups and should have appropriate committee appointments.

10. Preparation for Clinical Dental Assisting Practice

The student must be provided with sufficient opportunity for development of proficiency in clinical dental assisting. Where applicable, patient assignments must provide adequate clinical experience. Opportunities to observe the facets of the clinical practice of dentistry should be provided.

Clinical procedures, though not exhaustive, should include: chairside assisting in periodontics, oral surgery, endodontics, paedodontics, orthodontics, prosthodontics, operative dentistry, examination and charting, office and laboratory procedures, pre-clinical chairside instruction and supervised clinical office experience and any other intra-oral procedures authorized by the licensing body.

If the program includes instruction in intra-oral procedures the didactic and clinical teaching programs in these areas will be subject to review and evaluation. Course content and/or clinical experience should be adequate to prepare the dental assistant for these increased responsibilities. (Accreditation guidelines for the evaluation of specific extra-oral and expanded duties are being developed.)

Faculty supervision must be adequate to ensure that acceptable patient care standards are maintained. A qualified dentist must be available to examine all patients, to prescribe radiographic procedures, and to make a diagnosis and to establish a treatment plan.

11. Learning Resources

A library will be viewed as a learning centre in the dental assisting program. It must, whether established separately or within a combined library, be professionally administered and well-housed. It should be convenient and accessible to both dental assisting students and faculty during and after scheduled hours of instruction. Selected reference material should be readily available for students when in the clinic or the laboratory. The staff of the resource centre must be sensitive and responsive to the teaching and research activities of the program. The Council encourages expanded development and use of audiovisual material and modern techniques of information retrieval. It further encourages the faculty and the learning resources staff to promote student, staff and faculty awareness of the materials available for their use. In addition these resources should be available to the alumni and the profession at large.

12. Student Affairs

Policies must exist concerning student representation on appropriate committees. Methods by which student concerns can be identified and addressed must be in place. The institution should encourage student membership and participation in appropriate student and professional organizations. Counseling and health services should be available to all students.

13. Relationships with other Dental Auxiliary Programs

Where other dental auxiliary programs exist within the same institution or geographic area efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

Where other dental or dental auxiliary programs eligible for accreditation by the Canadian Dental Association exist in the same geographic area of the dental assisting program but outside the parent institution, efforts should be made to encourage mutually supported and financed arrangements which are of benefit to students of both programs.

14. Relationships with Hospitals and Other Health Care Facilities

Dental assisting programs should consider developing functional relationships with hospitals, nursing homes and other health care facilities in order to provide opportunities for program enrichment.

15. Relationships with DDS/DMD and Other Health Science Programs

Where DDS/DMD and auxiliary programs exist within the same institution or geographic area, efforts should be made to integrate the didactic and clinical aspects of the programs wherever possible and appropriate, in order to foster effective working relationships consistent with a dental health team approach.

The student should be introduced to those aspects of practice which interface with other health professionals in order to foster improved relations. The student should be made aware of the concerns and dental information needs of other health care professionals.

16. Relationships with Health Departments and Community Service Programs

Co-operation with health departments and community service programs should be sought to provide the student with an orientation to delivery of health care in the community, especially for groups with special needs such as geriatric, disabled and medically compromised patients.

Community service programs with a dental component, e.g. home care, school health programs, etc. should be used to provide program enrichment as well as opportunities for community involvement of dental assisting students.

17. Relationships with Dental Hygiene and Graduate/Post-graduate Programs

Council recognizes the potential value to the dental assisting program of complementary graduate and postgraduate programs. These programs should provide stimulation for faculty and desirable interactions and supportive opportunities for dental assisting students. The demands of these programs must not jeopardize the quality of the dental assisting programs.

18. Relationships with Continuing Education Programs

Council recognizes the potential value to the dental assisting program of institutionally based continuing education programs. These programs should develop student awareness and appreciation of the necessity for continuing education as a professional responsibility.

Council also recognizes the benefit to the faculty members of providing or participating in continuing education programs. The demands of these programs must not jeopardize the quality of the dental assisting program.

19. Relationships with Dental, Dental Hygiene and Dental Assisting Organizations and Dental Licensing Bodies

The students should be made aware of the respective roles of dental, dental hygiene and dental assisting organizations and licensing bodies.

Faculty members should be encouraged to accept positions of responsibility in such organizations and their contribution supported and recognized by the institution.

NOTE: Not reviewed by Executive Council -
For Information Only

REPORT OF THE NATIONAL DENTAL EXAMINING BOARD OF CANADA
TO THE CDA COUNCIL ON EDUCATION AND ACCREDITATION

Dr. H.M. Dick

I. EXAMINATIONS

1. WRITTEN

Proposal for a Continuing Education Program

The Board, at its Annual Meeting agreed to support the principle of the self-assessment program and, in conjunction with the Licensing Authorities, the CDA, ACFD & CFDE to explore the development of such a voluntary and confidential program.

The NDEB has put forward a proposal for developing a pilot project for evaluating the concept of self-assessment/ evaluation as part of the Continuing Education process. The proposal has been submitted to all the Provincial Licensing Authorities, as well as the various Boards and Associations in the Canadian dental profession. The responses to the proposal have varied, in some cases being supportive and encouraging the NDEB to proceed with the project and in other cases being somewhat negative and questioning NDEB's involvement in Continuing Education.

The NDEB justifies its involvement in Continuing Education on the basis of the following points:

1. The members of the NDEB are first of all members of the dental profession and are generally characterized by a keen interest in all things which contribute to the continued growth and improvement of the profession in Canada. The members of the NDEB feel that the profession benefits when individuals and organizations at all levels are free and encouraged to put forward proposals for improving professionalism in dentistry.
2. The members of the NDEB represent a great deal of collective experience and expertise in the philosophy of assessment/ evaluation and effective evaluation procedures.
3. The Board has in place the organization and the machinery which could be readily adapted to take on some of the coordinating roles in the proposed program of self-assessment.

It would therefore seem logical that should the profession be interested in the self-assessment/evaluation concept as part of the overall Continuing Education process, the National Dental Examining Board of Canada may be the organization with the established capacity and expertise to take on a facilitating/coordinating role.

Rationale:

A profession is defined not so much by what it does and how it does it but much more by the knowledge base from which it functions. It is generally understood that this knowledge base is changing and is expanding very rapidly and that what is learned today may be incorrect or incomplete within a short period of time. The current attitude towards Continuing Education in dentistry recognizes that professionalism in dentistry will be retained as long as the members of the profession continue to keep current of the changing and expanding knowledge base, and are able to modify their professional activities to maintain consistency between that knowledge base and the diagnosis and treatment of dental disease.

There are some recognized deficiencies in the current Continuing Education programs:

- a) Many of the Continuing Education programs sponsored by the Provincial Associations emphasize technique or marketing in dentistry. These are good and necessary in themselves but often deal inadequately with the knowledge base which defines the profession.
- b) Commercially sponsored Continuing Education programs are proliferating rapidly, suggesting that they are receiving good support from the members of the profession. Many are motivated by profit, some by self-aggrandizement, rather than by the need to promote a practice of dentistry which demonstrates a primary concern for the welfare of patients treated by members of the profession.
- c) The Continuing Education effort in dentistry is not adequately coordinated and lacks in effective quality control.
- d) Current Continuing Education programs do little to promote or assist those members of the profession seriously interested in effective self-study programs. The NDEB believes that many members would like to continue to maintain and expand their knowledge base in dentistry but find it difficult to do so on their own.

The NDEB does not wish to suggest that it has adequate solutions to these recognized deficiencies, nor does it intend that the proposed self-assessment/evaluation program should replace what is currently being done in Continuing Education. The NDEB proposal simply recognizes that somewhere in dentistry an organization might assume responsibility for assisting those members of the profession who wish to take more responsibility for guided self-study.

Conclusion

Unless organized dentistry is effective in ensuring that its members maintain their knowledge base current we may not in the future be able to make the wise decision in diagnosis, treatment planning and treatment which continue to give priority to the needs of our patients, rather than the needs of the professionals. It is to this end that The National Dental Examining Board is putting forward the proposal which is currently being debated. Continuing Education in dentistry is a task which is important enough and which is broad enough in scope to warrant the cooperative involvement of all facets of organized dentistry, rather than being the exclusive domain of some one body.

2. PRECLINICAL AND CLINICAL

The Board, at its Annual Meeting decided to hold a workshop to review this examination process in more depth than is done on an annual basis. This seminar will be held on May 6 & 7, 1985, in Ottawa.

The workshop was prompted by two main concerns:

- a) the high failure rate in clinical examination among candidates who are graduates of non-approved programs
- b) clinical examiner reports of the frequency of mutilation of patient dental/paradental tissues, suggesting gross clinical incompetence of some candidates who are able to pass the written and preclinical examinations.

The objective of the workshop is to develop a more reliable screening process in order that incompetent candidates will not proceed to the clinical examination.

3. LEGAL

The Board's legal counsel has expressed the view, that an increase in litigation can be expected in the future. More people are aware of their "rights" which are loosely defined in the Charter, therefore making it very difficult for appeals to be processed.

The Board still has two active cases with the Human Rights Commission of Ontario and The Board's position is that the cases were filed under the wrong jurisdiction. The Board, as a federal agency, should be challenged at the Federal level only.

II. REQUEST FROM CDHA

The Board had received a request from CDHA to explore the possibility of establishing a national certifying examination for dental hygienists. Since The Board has no jurisdiction in the area of hygienists and since the legal and financial implications of any action would be complicated and considerable, The Board, although sympathetic, has decided that it is unable to pursue the matter at this time.

The Board encouraged the CDHA to work with the CDA Council on Education and Accreditation in order to develop a competency profile of a dental hygienist for the purpose of portability.

III. CDA COUNCIL ON EDUCATION AND ACCREDITATION

1. SLS-COMMITTEE ON PRE-LICENSURE

The Board at its Annual Meeting voted to contribute \$5,000. to the proposed conference on pre-licensure, however, The Board did not wish this contribution to be interpreted as an endorsement of the concept of pre-licensure at this time.

2. NDEB ACCREDITATION COMMITTEE

The two issues pertaining to survey reports still of concern to The Board and not dealt with by the CDA Council on Education and Accreditation, are the following:

- i) that members of the survey team have an opportunity to see the final report prior to its submission to Council;
- ii) that the chairman of the survey team present the report to the appropriate committee of Council.

3. DIRECTOR OF ACCREDITATION

The Board had invited the CDA Director of Accreditation to address its Annual Meeting. This address was well received, particularly in regard to the following:

- i) the accreditation process being a partnership between the ACFD, CDA and NDEB;
- ii) NDEB Accreditation study, completed the previous year, having considerable value and impact in improving the process;
- iii) pilot project on a forthcoming undergraduate dental survey; evaluating the clinical performance of students in an attempt to establish a dimension of competence; this as a result of a NDEB initiative;
- iv) the NDEB's significant contribution to the costs of accreditation.

IV. NDEB/RCDC REGULATIONS

Under current regulations only those candidates who have successfully completed the Fellowship or Membership examinations of the RCDC are eligible for the NDEB/RCDC certificate. In addition, candidates who are graduates of an unapproved undergraduate program must possess the generalist NDEB certificate.

Candidates pay the examination fee in advance of taking the RCDC examinations, then pay an additional fee for the NDEB/RCDC certificate. These two issues have generated some objections from candidates who are either ineligible for the NDEB/RCDC certificate because they do not hold a NDEB certificate, and/or find they have to pay again for a certificate which they thought they had earned by successful completion of the RCDC examinations. The NDEB is in the process of discussing with the RCDC the advisability of separating criteria for licensability (the NDEB certificate requirement) from criteria for specialty certification. Also, it would appear to be much more acceptable if the examination fee and the certification fee were combined so that successful completion of the RCDC examinations resulted in automatic issuance of the NDEB/RCDC Specialist Certificate.

V. STUDENTS

At the NDEB Annual Meeting the observer from the CDA Council on Student Affairs presented a report and stressed the excellent relationship that exists between the two organizations.

VI. OFFICERS OF THE BOARD FOR 1985

President - Dr. R.B. Gilliland

Vice-President - Dr. H.M. Dick

Past-President - Dr. W.J. O'Driscoll

Registrar - Dr. G. Kravis

Exec.-Sec./Treas. - Mrs. F. Dawes

VII. CERTIFICATE OF MERIT

At the NDEB Annual Meeting a certificate of merit was presented to Dr. M.C. Bentley who was attending his last Annual Meeting.

VIII. FUTURE MEETING DATES - 1985

Annual Meeting - November 18 & 19

Executive Committee - April 15 & 16

Executive Committee - November 17

COUNCIL ON HEALTH CARE

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

Council Members: Dr. H.W. Horsman, Riverview, N.B., Chairman
Dr. A.D. Crocker, Tignish, P.E.I.
Dr. E.K. Fukushima, Vancouver, B.C.
Dr. K.L. Hamilton, Saskatoon, Sask.
Mrs. Peggy Larder, CDHA, Halifax, N.S.
Ms. Suzanne Mader, CDAA, Halifax, N.S.
Dr. G. McFarlane, Grand Falls, Nfld.
Dr. C.T. McNichol, Calgary, Alta.
L-Col. P.R. McQueen, CFDS, Ottawa, Ontario
Dr. R.B. Porter, Antoginish, N.S.
Dr. J.C. Rooney, Riverview, N.B.
Dr. D.G. Sage, Woodstock, Ont.
Dr. K.R. Skinner, Winnipeg, Man.
Dr. A. Toeman, Montreal, Que.

Dr. W. Bedford, Sr. Consultant Dentistry,
Health & Welfare, Ottawa, Ont.
Dr. J.C. Tsafaroff, DVA, Toronto, Ont.

Executive Liaison: Dr. R. Markey, Richmond, B.C.

1. Council Meeting

Since the Interim Board of Governors meeting in March Council on Health Care has met once on April 25-26, 1985.

Items Requiring Board Action

2. Ad Hoc Committee Report on Council's Mandate, Priorities & Processes

Dr. Fukushima reported on the sequence of events which led to the formal meeting of the Ad Hoc Committee held March 22nd, 1985. The Committee approached the task of reviewing Council's mandate, priorities and processes by first attempting to identify the main concerns expressed by Council members and the concerns were as follows:

COUNCIL ON HEALTH CARE

2. Ad Hoc Committee Report - cont'd.

1. The reduction of the activities of Council by removal of the subcommittee on Programs and Services.
2. The ineffectiveness of the Council in dealing with matters which require a prompt response.
3. The perceived expectation by Council members that they are asked to perform as experts in fields of dentistry in their deliberations.
4. The need for complete regional representation on the Council.
5. The need to identify Council's current activities.
6. The need to identify the additional activities of Council.
7. The cost effectiveness of a two day Council meeting twice per year.
8. Council generated vs Board of Governors or C.D.A. generated activities of Council.

APPENDIX I

In view of the nature and extent of the concerns, the Committee undertook a re-statement of the Terms of Reference with revisions to make them current with to-day's requirements. The suggested revised Terms of Reference are appended.

A lengthy point by point discussion ensued on organization, issues, methods for more efficient and speedy handling of problems and issues which arise from time to time by Council. The importance of the retention of the Council on Health Care as a forum for issues of concern to general dental practitioners was emphasized. In order to facilitate Council's effectiveness in remaining a vital part of CDA recommendations were made as follows:

1. The current membership of the Council be maintained. Although the Council is large and is a costly group to assemble, the Committee felt there were definite advantages to maintaining regional representation. It provides for a constructive airing of regional concerns on various topics. Recommendations generated by Council will have been tested against regional concerns prior to their formulation. Experiences described by Council members suggested that Council can be effective in defusing unilateral concerns and identifying polarized opinions and pressure group lobbies.

COUNCIL ON HEALTH CARE

2. Members of Council should ideally be appointed to Council with a definite purpose in mind. It was felt that members, where possible, should be recruited on the basis of their ability to contribute to Council's activities. Examples of some criteria are:
 - Familiarity and sensitivity to the activities in their local organizations.
 - Expertise in areas of concern of the Council.
 - Expertise in specific areas of dentistry which would aid Council.
3. Members of Council should liaise with similar committees in their regional organizations and report to their corporate body.
4. The structure of the Council should reflect the varying responsibilities of the Council. The Committee recommends the following:
 - Long term and standing topics such as Fluoridation be dealt with by a standing committee and debated by the complete Council.
 - Short term and immediate concerns be dealt with by an Executive Committee of the Council comprised by the chairman and two other council members. The Executive Committee would be empowered to effect solutions with or without the benefit of the whole Council. Ad hoc committees would be struck by the Executive Committee as required.
 - The Council chairman should be provided with administrative support from C.D.A. to aid in the co-ordination of activities.
5. The Council should continue to be active in the same areas as it has in the past. The standing committees should be as outlined in the suggested Terms of Reference.
6. The Council should consider the following topics:
 - Surveys
 - Survey of Dental Practice
 - Epidemiological surveys
 - Position papers and/or Current Status papers for dental treatment modes; both standard and controversial procedures.

COUNCIL ON HEALTH CARE

7. The frequency of meetings be as follows:

- Full Council meetings be called once per calendar year.
- Meetings of the Executive Committee as required to a maximum of three per year.
- An additional full Council meeting be called if deemed necessary.

The possible formulation of a list of experts was considered but to be effective it would necessitate continual up-dating. The importance of always identifying the source of expertise used by Council was stressed.

Special thanks was extended to Dr. Fukushima and his committee for their efficient handling of this task and excellent report. It was felt that the Committee had put forward a proposal which might allow Council to act more quickly while preserving regional representation and improving Council's ability to serve as an expert resource in some areas.

THAT the report of the Ad Hoc Committee on the Terms of Reference of the Council on Health Care be accepted (and supported as a working document to guide Council's future) and referred to CDA Executive Council for:

- (a) Review of the proposed structure and Terms of Reference and acceptance or revision in accordance with advice from the CDA Committee on Roles and Responsibilities.
- (b) Further action such as referral to the Committee on Bylaws for appropriate amendment of official Terms of Reference for the Council on Health Care.

RESOLVED:

- 85.94 THAT the Council on Health Care proceed with implementation of their proposed new format on a one year trial basis without formal change to their Terms of Reference.

ADOPTED

Items for Information Not Requiring Board Action3. Referral Form

Health Care Council reviewed a draft copy for a basic standardized referral form that is being developed by Dr. Sage. Upon finalization of the form the form will be sent to the Specialty Sections for comment prior to bringing before the Board of Governors for approval.

4. Fluoridation

Since the Board approved the Supplemental Fluoride Dosage Schedule Council felt product labelling should reflect these accepted amounts and a form letter will be sent to manufacturers of fluoride supplements.

5. Occupational Health Hazards

Dr. Peter McQueen has been working with Dr. P. Blahut, Project Co-ordinator for a Health Screening Project at the 1985 CDA Convention in Ottawa. The extent and scope of the tests to be conducted will depend on the available budget and testing facilities. It is expected that summary of the first testing at the 1985 Convention will be published in the CDA Journal. Council feels the project is important even if it only contributes to further awareness of occupational hazards in dentistry.

6. Guidelines for the Use of Sedation & Anaesthetic Drugs in Dental Practice

Under the direction of Dr. Keith Hamilton a review of guidelines in use by various provinces was done with the hope of developing national guidelines. It is hoped that a preliminary draft will be completed for Council review at the November 1985 meeting.

Respectfully submitted,

Dr. H.W. Horsman,
Chairman,
Council on Health Care

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Health Care with appreciation.

TERMS OF REFERENCE
COUNCIL ON HEALTH CARE

The Council on Health Care shall consist of one voting member from each corporate body, and one voting representative from each of the Canadian Hygienists' Association, the Canadian Dental Assistants' Association, and a Chairperson. The Canadian Dental Association shall have no financial responsibility for Council members who are not members of the C.D.A.

Council may also invite interested dental observers from the Department of Veterans Affairs, National Health and Welfare, and any other related agency or department at the express invitation of the Chairperson of Council.

Following selection by the Executive Council of the Chairperson of the Council on Health Care, the C.D.A. President, in consultation with the corporate body from which the Chairperson is selected, is authorized to appoint another representative from that province to fill the vacancy on the Council.

The overall aim of the Council on Health Care is to gather and evaluate information, to formulate position papers and guidelines, and to make recommendations to the Board of Governors on matters relating to dental health care, dental programs and auxiliary personnel.

The Council on Health Care is charged with the following specific responsibilities:

1. to review by appropriate means all methods of reducing oral disease, and to formulate guidelines for their implementation;
2. to be cognizant of programs and methods of providing dental services;
3. to study matters and to develop guidelines relating to the development and utilization of auxiliary dental personnel;
4. to liaise with appropriate agencies and to identify resource personnel and documents relating to the above;
5. to act upon any related matter that may from time to time be assigned by the Executive Council.

In carrying out these responsibilities Council will be involved in many specific activities which will come under three distinct Committees:

1. The Committee on Public Health and Preventive Dentistry

- fluoridation
- geriatric care
- radiation protection
- dental care for the handicapped
- pre- and post-natal parental instruction
- nutrition
- methods of reducing the incidence of oral disease
- accident prevention - seat belts/facial protectors
- any related task which might from time to time be assigned by the Chairperson of Council

2. Committee on Health Hazards

3. The Committee on Dental Auxiliaries and Para-professionals

- development, e.g. career options/progression
- utilization, e.g. responsibilities/supervision
- registration
- any related task which might from time to time be assigned by the Chairperson of Council

In order to fulfill its responsibilities, it is important for Council members to understand and accept that as a Council, members formulate and recommend guidelines and policies to the Board of Governors. The Board of Governors, through the Executive Council, makes decisions based on these recommendations.

To carry out its mandate the Council on Health Care is authorized:

- .1 to establish Ad Hoc Committees to study and report on a particular matter;
- .2 to create a list of Canadian experts willing to act as consultants in those areas of Council's responsibilities;
- .3 to liaise as required with appropriate authorities and groups;
- .4 to appoint members to the various committees from within Council.

Committee members will seek authorization through the Council on Health Care Chairperson prior to the expenditure of C.D.A. funds.

Revised 1985

REPORT FROM THE AD HOC COMMITTEE
ON THE
AIMS AND OBJECTIVES
OF THE
HEALTH CARE COUNCIL

Ad hoc Committee members:

Dr. Ed Fukushima - Chairman
Dr. Howard Horsman
Dr. Keith Hamilton
Dr. Ron Markey - Executive Liason

AIMS AND OBJECTIVES
COUNCIL ON HEALTH CARE

At the Council meeting in November 1984, this ad hoc committee was struck to review Council's Terms of Reference and to look to it's future mandate. The need for a review and to set new aims and objectives was precipitated by the following factors.

1. The Committee on Third Party Dental Plans chaired by Dr. Don MacFarlane will relieve Health Care council of one of its principal activities.
2. A number of long standing members of Council will be retiring after the next Council meeting. One of the retirees is the chairman, Howard Horsman.
3. A review of the Terms of Reference and aims and objectives has not been done since 1979.

To accomplish this task the following activities took place.

1. A review of the deliberations of the ad hoc committee of 1979 was done. Appendix 1
2. A questionnaire designed by the chairman was sent to each Council member for response. Appendix 11
3. A preliminary meeting between the chairman of the Third Party Dental Plan Committee, Don MacFarlane, the chairman of this ad hoc committee, Ed Fukushima and the Executive Liason to both committees Ron Markey was held on December 4, 1984.
4. The meeting of this ad hoc committee was held in Vancouver on March 22, 1985.

The response to the opinion questionnaire was very positive and provided the basis for determining the existing feelings of Council members and to attempt recommendations for changes to future activities of the Council. The responses to the questionnaires are attached for your perusal. Appendix 111 These responses were distributed to the committee members for review prior to the meeting in March.

A very productive meeting was had with Don MacFarlane and Ron Markey. It was clear that the mandate for the Committee on Third Party Plans is very specific and well delineated by executive council of C.D.A. There appears to be no need for discussion by Health Care Council. It is assumed that those

activities taken on by the new Committee will be deleted from Health Care's responsibility. Dr. Markey was able to provide some background to activities that the C.D.A. decision makers were currently involved in. The C.D.A. is having a very serious look at its current structure and administration. They have contracted with the Niagara Institute, a management consulting firm to assist them. A number of committees have been formed to look into various parts of the C.D.A. organization. It would appear that Health Care Council and other Councils will be looked at very closely. Dr. Markey welcomed our Council's introspective look at ourselves. He felt there was an opportunity for our council to look at our mandate at the ad hoc committee meeting with a better understanding of C.D.A.'s expectations.

As is evident from these introductory remarks that the aims and objectives committee's activities could not come at a better time. We approached our task by first attempting to identify concerns which were expressed by Council members and concerns of the C.D.A. as communicated by Ron Markey. These concerns are as follows:

1. The reduction of the activities of the subcommittee on Programs and Services and its effect on the volume of concerns dealt with by Council.
2. The ineffectiveness of the Council in dealing with matters which require a prompt response.
3. The perceived expectation by Council members that they are asked to perform as experts in fields of dentistry in their deliberations.
4. The need for complete regional representation on the Council.
5. What are the Council's current activities?
6. What are additional activities contemplated by the Council?
7. The cost effectiveness of a two day Council meeting twice per year.
8. Council generated vs Board of Governors or C.D.A. generated activities of Council.

Because of the nature and extent of the concerns, the committee undertook a restatement of the Terms of Reference with revisions making them current to today's requirements. Appendix IV.

Although, in general, the Terms of Reference include the activities and cover the behaviour of the Council the practical application of these Terms of Reference has not been the most effective. The committee has formulated the following recommendations to facilitate Council's effectiveness so that

Council will remain a vital part of the Canadian Dental Association.

1. The current membership to the Council be maintained. Although the Council is large and is a costly group to assemble, the committee felt there definite advantages to maintaining regional representation. It provides for a constructive airing of regional concerns on various topics. Recommendations generated by Council will have all concerns expressed prior to its formulation. Experiences related by Council members indicate the effective defusing of unilateral concerns and the neutralizing of polarized opinions and pressure group lobbies.
2. Members of Council should be appointed to Council with a definite purpose in mind. It was felt that members where possible should be recruited on the basis of their ability to contribute to Council's activities. Examples of some criteria are:
 - Familiarity and sensitivity to the activities in their local organizations.
 - Expertise in areas of concern of the Council.
 - Expertise in specific areas of dentistry which would aid Council.
3. Members of Council should liaise with similar committees in their regional organizations and report to their corporate body.
4. The structure of the Council should reflect the varying responsibilities of the Council. The committee recommends the following.
 - Long term and standing topics such as Fluoridation be dealt with by a standing committee and debated by the complete Council.
 - Short term and immediate concerns be dealt with by an Executive Committee of the Council comprised of the chairman and two other council members. The Executive Committee would be empowered to effect solutions with or without the benefit of the whole Council. Ad hoc committees would be struck by the Executive Committee as required.
 - The Council chairman should be provided with administrative support from C.D.A. to aid in the co-ordination of activities.

5. The Council should continue to be active in the same areas as it has in the past. The standing committees be as outlined in the Terms of Reference.
6. The Council consider the following topics.
 - Surveys - Survey of Dental Practice
 - Epidemiological surveys
 - Position papers and/or Current Status papers for dental treatment modes; both standard and controversial procedures.
7. The frequency of meetings be changed as follows:
 - Full Council meetings be called once per calendar year.
 - Meetings of the Executive Committee as required to a maximum of three per year.
 - An additional full Council meeting be called if deemed necessary.

This report reflects the committee's recommendations toward a realistic and workable Health Care Council which is meaningful to Council members and cost effective to the Canadian Dental Association.

Respectfully submitted.

E. K. Fukushima, Chairman.

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

Members: Dr. J. H. Gryfe, Chairman, Toronto
Dr. C. F. Foster, Manitoba
Dr. J. F. Hardie, Ontario
Dr. V. Legault, Quebec
Dr. E. L. MacInnes, Nova Scotia
Dr. W. S. Walter, British Columbia

Dr. J.L. Robertson, Executive Liaison, P.E.I.

1. Council Meetings

The Council has met once since my last report to the CDA Board of Governors having convened on June 14 & 15, 1985 in Ottawa.

2. Dr. Foster was unable to attend and representation from Quebec was unavailable because of a recent change in representation. Dr. L. Trudel having resigned, being replaced only days before our meeting by Dr. Legault who could not re-arrange his schedule. Present as well for the entire meeting were the Director of Accreditation and the Executive Liaison. Invited guests during the meeting at various intervals were Dr. Guy Maranda, Mrs. Carol Worobey, Canadian Dental Hygienists' Association and Mr. James Doyle the Canadian Standards Association.

3. Items Requiring Board Action

- (a) It was noted that there has been no increase in the hospital survey fees for nearly two decades.

RESOLVED:

85.95 WHEREAS:

Fees for an accreditation survey of a hospital or institutional dental service have not been increased over the last two decades and,

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

WHEREAS:

Fees should contribute significantly to costs of accreditation or surveys along with other financial support from the dental profession,

THAT the fee for a hospital/institutional dental service accreditation survey be increased from \$500 to \$850 and become effective January 1, 1986.

ADOPTED

(b) A recent CDA letter on behalf of the Canadian Association of Oral & Maxillofacial Surgeons in resulted in an acknowledgement, by the Honourable Jack Epp, Minister of Health and Welfare, of a need to ensure that provinces correctly interpret provisions of the Canada Health Act touching dental services. In reviewing problems arising from the introduction of the Act, Council recognized the need for the creation and maintenance of a data bank concerning the coverage of dental services both in and out of hospital by government and private insurance carriers in each of the provinces and territories in Canada.

RESOLVED:

- 85.96 THAT a sub-committee be struck consisting of Drs. MacInnes and Walter to prepare a questionnaire to provide CDA with information on problems and implications for the dental profession related to provincial arrangements for the payment of benefits to dental practitioners under existing provincial insured services.

ADOPTED

RESOLVED:

- 85.97 THAT the questionnaire be distributed to Corporate Bodies of the CDA, to Dental Licensing Bodies, Canadian Association of Oral & Maxillofacial Surgeons and provincial divisions of this Association, and all other specialty organizations involved in hospital dentistry, the Canadian Academy of Oral Pathology and the Ontario Society of Oral Pathology.

ADOPTED

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

(c) On-going informal discussion between the Canadian Dental Association and the Canadian Council on Hospital Accreditation resulted in an invitation for a CDA representative to participate on the CCHA Guidelines Steering Committee. This participation and a number of other factors lead Council to believe it is now appropriate for CDA to make application for membership on CCHA.

RESOLVED:

85.98 THAT the Canadian Dental Association negotiate an agreement with the Canadian Council on Hospital Accreditation to include the accreditation of hospital/institutional dental services within the CCHA accreditation process, on the following terms:

- (1) The Canadian Dental Association shall have at least one permanent voting representative on the CCHA Board of Directors.
- (2) The Canadian Dental Association shall have satisfactory input into definition of sections of CCHA accreditation requirements related to hospital dentistry and into the education or orientation of accreditation surveyors.
- (3) CCHA will agree to require hospital dental services being accredited for the first time to be reviewed by a survey team, appointed and directed by the CDA Council on Hospital and Institutional Services.
- (4) Appropriately qualified dentists will be considered eligible for service on CCHA accreditation survey teams on the same basis as physicians, registered nurses and hospital administrators.

ADOPTED

(d) In view of the fact that the Council on Education and Accreditation has agreed upon a five year term of accreditation status for programs which they survey and as the Council on Hospital and Institutional Services is now represented on these integrated survey teams it was felt that Council should extend their accreditation term to five years to then be in line with one another.

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

RESOLVED:

85.99 WHEREAS:

CDA recognizes the value of an integrated accreditation survey process that combines the examination of the educational component with the examination of a hospital or institutional dental service and,

WHEREAS:

The integrated approach is not possible with different lengths of terms of accreditation,

THAT the length of term of accreditation awards to hospital and institutional dental services be amended as follows:

FULL APPROVAL - FIVE (5) YEARS
CONDITIONAL APPROVAL - TWO (2) YEARS
PROVISIONAL APPROVAL - ONE (1) YEAR

and that the definitions of these categories remain unchanged.

ADOPTED

Items For Information - Not Requiring Board Action

4. The Council Chairman was an invited guest to the meeting of the American Dental Association Council on Hospital and Institutional Dental Services meeting in Chicago on April 1st, 1985. It is reassuring to note that many of the things we identify as concerns were worthy of considerable discussion by our American confreres as well. Note is made of a report delivered by their "State Legislative Council" which presented a summary of all pending, introduced or recently implemented legislation that could affect dentistry. It is suggested that a similar Canadian legislation review should be considered by CDA as a resource for its Councils.
5. Mrs. Carol Worobey, the Executive Director of the Canadian Dental Hygienists' Association was invited to our meeting to discuss a proposed co-authored document on chronic care maintenance guidelines. It is anticipated that this document in its completed form will be presented to the CDA Board Interim meeting in March 1986 for approval, following which it will become the Section II of the previously approved document entitled "Oral Care of Chronic Care Patients". (Reference Resolution 84.25)

COUNCIL ON HOSPITAL & INSTITUTIONAL SERVICES

6. Dr. Gary MacDonald of Mount Pearl, Newfoundland has been appointed as a dental representative to the Federal Correctional Services Medical and Health Care Advisory Committee. Although this is a federal appointment Dr. MacDonald has graciously offered to maintain a continuing information exchange with the CDA through the Council on Hospital and Institutional Services. It is hoped that this dialogue may ultimately lead to the extension of our accreditation process into the federal penitentiary dental services.
7. The Council Chairman accepted with regret, the resignation of Dr. Louis Trudel the representative from Quebec. We have recently been advised that the CDA has approved Dr. Victor Legault as his replacement to fulfill the unexpired part of Dr. Trudel's term.
8. The following dental services were approved by Council:
 - University of British Columbia, Health Sciences
Centre Dental Service
 - Cancer Control Agency of B.C. Dental Service
 - University Hospital, Saskatoon Dental Service
 - University Hospital, Alberta Dental Service
 - Shaughnessy Hospital, Vancouver Dental Service
 - Royal Jubilee Hospital, Victoria Dental Service
9. We are happy to note that the Dental Service at Shaughnessy Hospital in Vancouver and the Royal Jubilee Hospital, Victoria were recently surveyed and accredited. These are the first Department of Veterans Affairs Dental Services to be visited following discussions with DVA. It is anticipated that there will be further DVA surveys requested and completed before the end of 1985.
10. The Council wishes to acknowledge with pleasure the on-going efforts afforded to it by the new Co-ordinator of Accreditation, Mrs. Lorraine Emmerson.

Respectfully submitted,

John H. Gryfe, Chairman
Council on Hospital and
Institutional Services

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Hospital and Institutional Services with appreciation.

COUNCIL ON INFORMATION SERVICES

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

Council Members: Dr. Y. Kamachi, Chairman, Ontario
Dr. R. Howaniec, British Columbia
Dr. W.T. Koltek, Manitoba
Dr. G. Lafrenière, Québec
Dr. C.S. LeBlanc, New Brunswick

Executive Liaison: Dr. J.W. Niedermayer, Saskatchewan

1. Council Meetings

Council has met twice since the last Board, on February 22, 1985 and June 7, 1985. Mr. Mark Sarner of Manifest Communications was a guest at both meetings.

2. Items for Information - Not Requiring Board Action

1) Pamphlet Program

Over one half million CDA pamphlets continue to be sold and distributed per year. The development of new pamphlets has been placed in abeyance until the entire format of the program is reviewed by the Dental Awareness Program. Corporate sponsorship for the pamphlet program is being investigated in order to reduce costs and increase distribution potential.

It should be noted that CDA has received in recent months requests for pamphlets on geriatric dentistry, pit and fissure sealants and orthodontia. Revisions to the pamphlet on Care Following Minor Oral Surgery have been tabled and the old pamphlet is currently in limited reproduction. In addition, CDHA has undertaken production and development of a new careers pamphlet.

2) Spokesperson List

In conjunction with the launch of the DAP and National Dental Health Month, an extensive spokespersons list has been developed for contact by CDA and the media. Each spokesperson has been contacted about procedures and provided with a briefing book. All media opportunities are screened by CDA or Manifest prior to contact by the media.

3) NDHM - Dental Awareness Program

The NDHM - Dental Awareness Program launch occurred in April. Highlights of the launch included

- the development of NDHM materials - poster, button, decal bearing the Dental Health: Good For Life theme
- the initiation of a major national media and public relations program including an April 1st national press conference and successful evening reception attended by major Government and association representatives. Over 300 print media opportunities and 21 electronic media opportunities were generated as a result of this program.
- a direct mailing to the membership of the NDHM materials (via the April CDA Communiqué) and a guide on how to use these materials
- the publication of the National Dental Health Check-Up in the April issue ; of Maclean's and l'Actualité with over 350,000 overruns available to the provinces for distribution to CDA members
- the direct distribution of NDHM materials to over 800 major postal stations, 3,500 pharmacies and 9,000 health educators
- health educators were also surveyed on their attitudes toward dental health and their material needs. Early results reveal a significant reply return
- the initiation of a major survey of Public Attitudes towards dental health care by Canadians

COUNCIL ON INFORMATION SERVICES

Following the April launch, a DAP workshop was held on June 7 - 8 to review 1985 activities, plan the 1986 NDHM Program and review DAP activities present and future. Attendees at the workshop included representation from each provincial dental association.

- 4) A report relevant to the progress of the DAP will be delivered by Manifest to the Board of Governors in September.

APP. A

At that time, future programming activities will be highlighted, including pursuit of corporate sponsorship, an ongoing media and public relations program, a DAP newsletter, and pursuit of ways the CDA can support provincial programs and activities.

- 5) Council's Roles and Responsibilities

As requested by Executive Council, Council discussed its mandate and appeared satisfied with its present terms of reference. Council has however recommended an expanded membership from five members to seven to include one representative from Alberta and one additional representative from the Atlantic provinces.

Conclusion

The past six months have been extremely busy and exciting for Council and the Dental Awareness Program. The launch of NDHM and the DAP generated increased activities for both staff and council members.

We look forward to our involvement with future activities and programs as they develop.

Respectfully submitted,

Y. Kamachi, D.D.S.
Chairman
Council on Information
Services

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Information Services with appreciation.

CANADIAN DENTAL ASSOCIATION
DENTAL AWARENESS PROGRAM
PROGRESS REPORT

BOARD OF GOVERNORS
CANADIAN DENTAL ASSOCIATION
OCTOBER 4, 1985

Presented by
Mark Sarner
Director
Manifest Communications

A year ago, I presented the proposed strategy for CDA's Dental Awareness Program. This progress report is directed to two points: where we've been in the past twelve months - and where we're going in the next year.

The Strategy Revisited

To put the report in context, let's look at the key issues in the strategy the Board approved last fall:

The Dental Awareness Program directed itself to two interrelated objectives:

Increasing public awareness of dental health;

Motivating improved practices - most importantly utilization of dentists' services.

The Program is designed to achieve these ends through, first, messages that reposition both dental health and dentistry - dental health as preventive, the profession as a vital, preventive health service, second by disseminating these messages through a variety of delivery systems - media, public education vehicles, dental offices and other channels.

With a two-year budget of \$390,000.00, the strategy depends on rallying resources behind CDA's program from corporations and public and private sector organizations. The effect: to leverage CDA's funds up to four times.

Time Frame

We set two time frames for the Program: the short term - 12 to 18 months - which would be developmental and a longer term of from three to five years in which the impact of the Program would become tangible.

In the first 12 - 18 months, we planned to focus on three issues:

1. Increasing visibility of the dental health issue;
2. Developing practice enhancement resources;
3. Developing targeted marketing efforts.

Looking back from one year on the case, we see significant results in all key areas:

- dramatic increases in visibility
- introduction of direct to members resources
- development of channels and opportunities for targeted programs

In reviewing the past year's activity, I'll look at these three key areas:

Visibility

Communication to/through the dentist, and
targeted program

In doing so, I'd like to highlight both those initiatives already executed and those in development for future implementation.

Visibility

First, then, visibility.

Identity for the Program has been developed and now takes the form of the symbol you see on the screen:

DENTAL HEALTH: GOOD FOR LIFE

"Good for Life" embodies some key program messages:

That dental health is lasting

That it is a central health and lifestyle issue

That it is achievable

The "Let's keep it" which will often appear as well, provides the idea of "partnership" between the public, the profession and all others working with the Program.

The CDA identity which will appear with this symbol, vests the campaign with the authority of the profession - and it declares the profession's leadership in providing information to the public.

The "Good for Life" message was first delivered in April - as the theme for National Dental Health Month. Now it becomes the signature for all CDA's public education materials. Over time it will become emblematic of dental health, as a goal, as a practice, and as a commitment of dentistry to public service.

But what about visibility; exposure of CDA's message to Canadians? Has it increased? YES.

Media relations activity has increased exposure dramatically. Our analysis indicates a rise in print coverage across the country of 250 - 300% during the second quarter of 1985 - April, May, June. April 1 was the public launch of the Program, as you know. Since then, we have seen significant feature coverage in the Toronto Star, CKO Radio and tremendous exposure for CDA's press conference on AIDS - including front page in the national edition of the Globe and Mail, the Citizen, Toronto Star, Le Droit, more than a dozen radio reports and four TV reports documented so far.

National Dental Health Month saw 8 of 10 provinces adopting the "Good for Life" theme for their program. Hygienists got behind it. We got Good for Life materials out to 3500 pharmacies, 8800 health promoters. In short, the reach of NDHM messages was dramatically expanded.

The largest single effort was, of course, CDA's National Dental Health Month Check-Up - reaching up to 4,000,000 Canadians through MacLeans, L'Actualité, pharmacies, members' offices and provincial programs.

The next year will see a significant expansion on all fronts:

The Good for Life symbol will be promoted on its own and through appearance on a variety of materials.

The media relations effort will program messages into both mainstream and specialized media.

National Dental Health Month '86 will maintain the "Good for Life" theme, but will involve significant improvements in the planning and execution of the Program - and in the resources available to provincial associations, and other co-operating organizations and individuals.

In addition, a variety of projects are in discussion with corporate sponsors:

- Further magazine inserts: 2 projected for '86
- A poster information series for adults
- A consumer pamphlet program
- Radio information series

The net effect on visibility:

1. It is increasing
2. Plans and resources in development will further expand the program in the months ahead.

There is a long way to go, but we're on track.

To/Through Dentists

What about CDA members themselves?

In April, CDA members received two mailings which provided them with information, tips on office communication and resources, "Good for Life" posters, buttons and decals were distributed free for the first time.

In addition, every member received a copy of The Check-Up along with tips on how to use it in patient education. All indications are that these materials were well received. CDA's phones rang constantly with requests for more information and orders for additional materials.

And this month marks the publication of "The Dental Awareness Program Report" - a newsletter for members specifically devoted to providing relevant information, tips and announcements helpful to dentists' patient education efforts. Issue number one, copies of which are in front of you, will be mailed along with the next Communiqué. The subject: highlights from our Gallup Poll on Canadian attitudes to dental health and dental services.

Three more issues are planned in the next year, focussing on such issues as communicating care, and dental health month in the office. One will provide feedback on how the Program is fairing, announcing resources that have been developed and hopefully, providing something of a clearing house for relevant information.

In addition to the report, there are a number of member-oriented projects in development:

- A fact sheet kit
- A recall program guide
- A new approach to patient education in the office -
 - * a workable system
 - * new resources

Once funded and developed, these resources will be promoted aggressively to ensure members know about them and can access them easily.

In short, then, members are going to be the beneficiaries of far more direct communication in the next year, and the beneficiaries, as well, of access to an increasing supply of useful patient education tools.

Targeted Programming

Finally, we come to the issue of targeted programming: specific initiatives to reach desirable target groups. The Awareness Program by and large, must work with, and through others to get its messages across. In the first year, we've been working to identify and explore desirable channels for programming - and with real success.

First, within CDA and organized dentistry, there have been some significant developments:

1. NDHM - not originally part of the Program, became an element of activity in '85;
In '86, it will be an eighth component to our original strategy and so, a rationalized asset.
2. The joint initiatives component has become, in effect, a provincial association component. Through it, the Program was able to offer support to provincial activities - and in the next year, it will enable CDA to provide limited but valuable ongoing communication and consultation to provincial dental associations working to develop and/or refine provincial awareness type programming.

To date, we've sustained communication, held a national DAP Workshop, provided planning resources. In addition, the Program is working with all provinces to facilitate Program planning through a series of workshops this fall.

Maybe most important are projects in development for joint CDA/provincial association programming which I'll get to in a minute.

Other important delivery systems are opening up for the Program:

There is a huge demand for Dental Health information in the established health promotion and education system across Canada. We are developing a means of supplying and servicing the system with CDA created information.

The corporate sector, wherein employees with dental benefits live, has been the focus of considerable attention. Two pilot programs are planned to get relevant information to these people.

We are in development, as well, on proposed joint initiative pilots with interested provincial associations.

To date, we have expressions of interest from three provinces in three projects:

- A toll-free information/referral service
- A pilot ad campaign
- A social benefit promotion

We see these projects as bearing significant benefits in terms of increased patient visits.

We are looking at other channels as well - pharmacies for one, but access is yet to be clarified. In the meantime, we are now in a position to increase dramatically the flow of, and access to, information among priority target groups. In the coming months, we will be developing CDA's capability and the resources to feed these hungry pipelines.

Leverage

That's what we've been doing. At what cost - and with how much leverage?

Of the original budget of \$390,000.00 net CDA dollars, approximately \$230,000.00 has been expended in year 1. The balance is earmarked for year 2. From an expenditure standpoint, we are on track.

In leverage terms, we projected up to 4:1 or \$1,170,000.00 in outside resources to augment CDA's budget. In year 1, we have achieved an estimated \$300,000.00 in value. In other words, about 2.3:1. I've listed sources of the leverage here.

Even more important is the value of projects in development - estimated at \$1,250,000.00. We certainly should achieve our goal in this Program - staying on budget and generating the leverage we're after.

Year 2: Planned

In talking about where we've been the last twelve months, there are many indications of where the Program is going in the next year. Developmental work that has taken so much time and effort will start bearing fruit in the months ahead. Our agenda for Year 2 is designed to ensure that it does just that.

1. We're going to provide more information and resources to members.
2. We're going to secure sponsorship and co-operation for a variety of key initiatives.
3. We're going to continue to build the media exposure for Good for Life messages.
4. We're going to expand distribution capabilities to help others help us.
5. We're going to maintain liaison with provincial associations on NDHM and overall awareness programming.
6. Finally: we hope to test key joint initiatives with the provinces that will later be accessible to other provincial associations.

Looking Ahead

By this point next year, at the end of the Program's initial two-year mandate, we project the achievement of some important goals:

1. The re-positioning of both dental health and dentistry well underway - bringing with it an expanding appreciation for, and use of, services.

2. An important new service to members in place, providing promotion of the profession and presenting members with access to useful information and resources that help improve patient education/motivation efforts.
3. A higher positive profile for CDA - as committed to a major health issue, as leading the way to a solution and as the source of credible information.
4. Most important, CDA will have laid the foundations on which to build an ongoing program - identity, resources and delivery systems. Through a continuing program, CDA will be in an ideal position to further expand public understanding of dental health - and the demand for member services.

COUNCIL ON INSURANCE AND INVESTMENT

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING OCTOBER 1985

Members: CDSPI Board of Directors

Dr. G. Anthony, Atlantic Provinces
Dr. G.F. Copithorne, British Columbia
Dr. R. Dupont, CDA Representative for Québec
Dr. C.R. Hill, Manitoba and Saskatchewan
Dr. D. Montminy, Québec
Dr. R.L. Moran, CDA Representative for Ontario
Dr. R.L. Rasmussen, Alberta
Dr. R.R. Schiewe, Ontario

Brig.-Gen. J.N. Wright, CDA Executive Liaison

Members: Management Committee CDSPI

Dr. J.E. Durran, President, Burlington
Dr. R.L. Moran, Treasurer, Toronto
Dr. M.D. Charendoff, Secretary, Toronto

This report contains all relevant information which has become available since the last report, which was dated January 10, 1985. The CDSPI Board met on March 23, 1985 and June 14 and 15, 1985.

Items Requiring Board Action

1. Long Term Disability for Students

As a result of a request from the CDA Student Council, CDSPI has been developing a line of coverage which has come to be known as LTD for Students. This type of coverage is unique to the CDIP program for the simple reason that the coverage is provided on the assumption that the insured is going to earn income in the future. This is not the usual arrangement for LTD coverage, which requires that the insured demonstrate an income in order to be covered and in order to collect.

However, we are pleased to report that the LTD for Students can be available under the terms as outlined below:

1. Eligibility - all dental students who are members of the CDA in Canada upon completion of their penultimate year of dental school, for a 12-month period thereafter.
2. Disability Waiting Period - Three months.

Long Term Disability for Students

3. LTD Benefit - \$500 per month for nine months; \$2,000 per month thereafter for two years.

4. Definition of Disability
 - (a) 1st Year — full disability if the individual is disabled to the extent that he/she cannot attend dental school and is not able to work at an occupation providing "reasonable" compensation (say a job with income of more than \$1,000 per month). In this context, "cannot attend dental school" means that the person is not physically able to attend dental school, or a medical doctor has certified that the person should not pursue such studies because the person would not be physically able to pursue a dental career upon graduation. The dental school concerned would also certify that the individual has withdrawn from the program of studies.

 - (b) thereafter— full disability is same as in the first year, but the disabled person is also not able to pursue other academic studies. Partial disability benefits of \$500 per month would be paid during the time the individual is disabled with respect to dental school, but is able to pursue other academic studies.

5. Exclusions - Pregnancy, other than complications; mental and nervous conditions other than psychotic conditions which necessitate treatment in a hospital or mental institution; other normal exclusions such as self-inflicted wounds. Drug addiction and alcoholism, unless the claimant is institutionalized or following a formal rehabilitation program.

RESOLVED:

- 85.100 THAT the CDA Board of Governors agree to include LTD for students coverage in the CDIP program under the terms and conditions as outlined in this report.

ADOPTED

COUNCIL ON INSURANCE AND INVESTMENT

2. Benefit Programs Changes

The following motions represent improvements to the benefit programs.

RESOLVED:

85.101 THAT effective January 1, 1986,
participants in the basic Life
Insurance program be allowed to
increase their insurance without
evidence of insurability based on
conditions as outlined in the
master contract.

ADOPTED

The conditions referred to above are as follows:

- Purchase is lesser of amount of insurance in force, or \$50,000.
- Purchase can be made at -
 - a) time of marriage;
 - b) on birth or legal adoption of a child;
 - c) on attainment of age 25, 30, 35, or 40 (if a) or b) were not elected in the previous two years.)
- Option must be exercised within 60 days of a), b), or c) event.
- Regular coverage maximums apply.
- Non-evidence option expires after age 40.

RESOLVED:

85.102 THAT premium rates for dependent
spouse life insurance be decreased
by 10% effective January 1, 1986.

ADOPTED

RESOLVED:

85.103 THAT in 1985, \$1,000,000 of the
present life surplus be set aside
as a continuing contingency reserve.

ADOPTED

DIRECTION:

THAT the matters raised by Dr. Chicoine in his
presentation to the Board on Surpluses be studied
and further recommendations be brought back to the
Board if appropriate.

COUNCIL ON INSURANCE AND INVESTMENT

-4-

Benefit Programs Changes - Cont'd

RESOLVED:

85.104

THAT the maximum level of spouse's coverage be increased from \$100,000 to \$150,000 effective January 1, 1986.

ADOPTED

RESOLVED:

85.105

THAT spouses' and dependent children's accidental death and dismemberment coverage in the amounts of \$25,000 and \$10,000, respectively, be offered as a CDIP package effective January 1, 1986, at an annual premium of \$25 per family unit.

ADOPTED

RESOLVED:

85.106

THAT effective January 1, 1986, participants in the long term disability program be allowed to increase their coverage without evidence of insurability based on conditions as outlined in the master contract.

ADOPTED

These conditions are the same as those noted for the Life coverage (under Motion 85.101).

RESOLVED:

85.107

THAT effective January 1, 1986, premiums on long term disability coverage paid in respect of an individual's first six months of disability be refunded under the waiver of premium provisions of the contract, provided the individual is disabled for six months or more.

ADOPTED

RESOLVED:

85.108

THAT effective January 1, 1986, premiums on office overhead coverage paid in respect of an individual's first six months of disability be refunded under the waiver of premium provisions of the contract provided the individual is disabled for six months or more.

ADOPTED

Benefit Programs Changes - Cont'd

RESOLVED:

- 85.109 THAT maximum accidental death and dismemberment coverage be increased from \$150,000 to \$250,000 effective January 1, 1986.

ADOPTED

RESOLVED:

- 85.110 THAT effective January 1, 1986, a 90-day waiting period plan option for CDIP long term disability contract be implemented.

ADOPTED

The rates quoted for this new option in comparison to our current 31-day and 8-day elimination period rates are attached (Appendix A).

The following motion deserves a special place in the CDSPI report because of its significance to the entire program of disability coverage. The subject of disability coverage, with the inclusion of a guaranteed renewable, non-cancellable feature, has been discussed, pursued and negotiated for a number of years.

RESOLVED:

- 85.111 THAT effective January 1, 1986, CDSPI shall implement the inclusion of a LTD and office overhead conversion privilege feature which contains a non-cancellable, guaranteed renewable policy on the terms and conditions as outlined in Imperial Life's proposal noted as Appendix B.

ADOPTED

If this feature is incorporated into the program as described, it will mean that the dentists of Canada have the privilege of owning a guaranteed renewable, non-cancellable disability product at a group rate, and are in the fortunate position of not having to pay the individual rate. However, in the unlikely event that conversion became necessary, the individual rates are guaranteed.

(xi) Life Plan Surplus

The Board of CDSPI has studied the matter of existing surplus which remains in the Basic Life Plan. Consideration has been given to a redistribution to the participants of a prudent portion of that surplus.

The first decision hinges upon the preservation of the safety and stability of the Plan. Therefore, CDSPI has recommended that the sum of \$1,000,000 be allocated to a special Contingency Reserve. This amount will help to ensure that safety and stability referred to above.

Since the total surplus at time of writing is approximately \$5,000,000, and assuming agreement with the above recommendation, then the decision remains as to the method of distribution of the remaining surplus balance which is calculated as follows:

Balance January 1, 1985	\$5,000,000
Reserve for Contingency	1,000,000
Non-smoker Subsidy (annual)	430,000
Grad Package (annual)	20,000
Balance for redistribution consideration	<u>\$3,550,000</u>

At this time, the CDSPI Board has instructed the Management Committee to assume this distribution of \$2,500,000 of this total. Having made that assumption, the Management Committee has been instructed to investigate the following methods of distribution:

1. Premium credit for one year based on premium paid and number of years of participation in the Plan.
2. Premium holiday/cash rebate.
3. A percentage of coverage increase to be paid for by the Surplus.

with emphasis on the following requirements:

1. Equitable to all participants
2. Creates an impact on the participants which is favourable to CDIP.
3. Has simple administration requirements.
4. Tax implications are favourable.
5. Has no effect on the CDA or CDSPI non-profit status.

A report will be brought back to the CDSPI Board in October for consideration.

COUNCIL ON INSURANCE AND INVESTMENT

3. General Insurance

As a result of the negotiations conducted by our broker, and direct discussions with the Carrier, the CDSPI Board recommends to the CDA Board the following motions:

RESOLVED:

- 85.112 THAT the CDA renew the 1986 General Insurance Package contract with the Guardian Insurance Company.

ADOPTED

RESOLVED:

- 85.113 THAT coverage benefit enhancements to the 1986 master contract, as outlined in the Broker's report, be implemented.

ADOPTED

Attached as Appendix C is a copy of the Broker's Report noted above.

RESOLVED:

- 85.114 THAT office contents rate and premiums remain unchanged for 1986.

ADOPTED

RESOLVED:

- 85.115 THAT business interruption rate and premiums remain unchanged for 1986.

ADOPTED

RESOLVED:

- 85.116 THAT comprehensive general liability rate and premiums for \$1,000,000 and \$2,000,000 coverages remain unchanged for 1986; and for \$3,000,000 coverage the rate will be \$110 (approximately).

ADOPTED

COUNCIL ON INSURANCE AND INVESTMENT

General Insurance - Cont'd

RESOLVED:

- 85.117 THAT malpractice premiums for auxiliaries' coverage remain unchanged for 1986.

ADOPTED

RESOLVED:

- 85.118 THAT malpractice premiums for \$1,000,000 coverage will be \$439 for 1986; and coverage for \$2,000,000 will be \$483 for 1986.

ADOPTED

RESOLVED:

- 85.119 THAT the malpractice repeater deductible remain in the contract for 1986, but alternatives be completely investigated and a report presented for the 1987 renewal.

ADOPTED

The area of the 5-year extension, protection for those in a non-practicing status, and cancelled licences, was reviewed in detail. Attached as Appendix D are the results of our extensive review. The following motions are consequently presented:

RESOLVED:

- 85.120 THAT the 5-year extension process for "retirees", as outlined in the report, be implemented January 1, 1986.

ADOPTED

RESOLVED:

- 85.121 THAT in order to obtain the "retirees" 5-year extension provisions, an insured moving from another area to Ontario, or moving outside of Canada, must give up their licence in the other area.

ADOPTED

General Insurance - Cont'd

RESOLVED:

- 85.122 THAT the provisions as outlined in the report under the classification of "non-practicing status" be accepted.

ADOPTED

RESOLVED:

- 85.123 THAT the provisions as outlined in the report regarding cancellations and suspensions of licence be accepted.

ADOPTED

4. Legal Expense Insurance

At the Board of Governors' Meeting of March 20, 1982, discussions were held regarding Legal Expense Insurance. Those discussions resulted in your requesting further information for your September 1982 meeting.

At that September meeting you passed the following motion from the floor:

"RESOLVED:

- 82-62 THAT CDA is not in favour of legal expense insurance being available through CDSPI;

and further that CDSPI be requested to discontinue investigation into this matter."

Legal Expense Insurance - cont'd

Following that meeting, a number of enquiries were made by various CDA members regarding this form of insurance. As a result, this matter was brought to the table of our Board for discussion from the standpoint of the needs of the dentists. As a result of those discussions, the following motion is recommended:

RESOLVED:

85.124 THAT the addition of legal expense insurance as an additional CDIP Plan in the following basis:

- a) \$30,000 limit per claim
- b) \$90,000 aggregate
- c) on claim-made basis
- d) \$5,000 deductible
- e) \$92 net premium (\$105.80 gross)
- f) to cover legal expenses incurred by a dentist arising from any hearing, or defense of an action, instituted during the period of the policy under the provisions of any provincial health discipline legislation, with such coverage to be made available effective January 1, 1986.

DEFEATED

5. CDA RSP

A) Plan Enhancements

The following improvements have been implemented in your CDA RSP:

- a) Transfers of monies, both in and out, are now receiving the benefit of daily interest calculations and credit to the respective account.
- b) Effective March 29, 1985, all funds are being evaluated on a weekly basis - this means that if you want a unit value for a particular fund, it will be current, as of no later than 6 days previous.
- c) The Guaranteed Fund has the capability of accepting deposits for terms anywhere from one to five years.
- d) Effective November 29, 1985, Imperial Life will no longer be charging an accounting fee. There will be an increase in the administration fee to offset the costs of weekly valuations of .05% of market value of the Funds.

COUNCIL ON INSURANCE AND INVESTMENT

CDA RSP - Cont'd

RESOLVED:

- 85.125 THAT the above noted CDA RSP enhancement
 be approved.

ADOPTED

B) Participation Agreement Re RSP

Since the CDA has the objective of providing a retirement savings vehicle to the dentists of Canada, and since the ability to provide services to dentists in this particular area depends, to some extent, on the growth of the Funds, CDSPI recommends:

RESOLVED:

- 85.126 THAT there be no eligibility requirements
 for participation in the CDA RSP, other than
 being a licensed dentist in Canada.

DEFEATED

RESOLVED:

- 85.127 THAT the eligibility requirements for
 participation in the CDA RSP be that one
 must be a member or spouse of a member
 who belongs to the CDA or corporate body.

ADOPTED

DIRECTION: Eligibility requirements should include provision for
 employees and families of CDA, CDA Corporate
 Members, NDEB, RCDC and CDSPI.

RESOLVED:

- 85.128 THAT the Management Committees of CDA
 and CDSPI review the motion on
 participation re RSP and report to the
 1986 Interim Board meeting.

ADOPTED

COUNCIL ON INSURANCE AND INVESTMENT

6. Graduate Package

Considerable study has been given to the coverages that have been made available as a "No-Cost" benefit to the graduates. This study related to the overall cost of the Program, the inequities with respect to benefits which were available depending on your province of residence, and the inequities which had crept into the system as a result of the changing patterns of activity subsequent to graduation.

Having considered the above factors, and the advantage to both the graduate and the Program of an increase in the LTD portion of the package, it is recommended:

RESOLVED:

85.129 THAT the no-cost graduate package for 1986 should include the following coverages:

1. Life Insurance - \$50,000
2. AD&D - \$50,000
3. LTD with COLA - \$2,000/Month
(with 30-day elimination period).

ADOPTED

NOTE: Drs. J.-C. Giguère, Yves Giguère and W. Leggett were opposed to this motion.

COUNCIL ON INSURANCE AND INVESTMENT

Items for Information - Not Requiring Board Action

1. Loss Prevention

On March 22, 1985, the participants in the second Loss Prevention Seminar gathered in Toronto for a full day of discussions, presentations, fact-finding and exchange of ideas and sharing of problems. They viewed the first attempt at the Canadian Audio-Visual on the subject of Malpractice and how to prevent it. The demand for the tape indicates that our venture into the film-making world has started to meet a need of our confreres in organized dentistry. This has encouraged us to proceed further along this line and schedule some further productions to deal with topics having similar subject matter.

The comments of the participants have convinced us that the effort involved in the presentation of this day has a commensurate reward in understanding and cooperation among the various groups.

2. Annuity Service

We are now able to serve the needs of those dentists who require an annuity service. We are convinced that we can give the same beneficial service and value in this field of annuities as we do in the insurance area. At the meeting we will have available copies of the Annuity Brochure outlining this service.

3. Retirement Counselling

Our Director of Retirement Services, Peter B. Dennett, has now received Board approval of an outline of retirement services and the program that he is proceeding to develop. One of the first activities that will be undertaken in the next month is the development of a questionnaire which will permit dentists over 50 years of age to have some input into the programs that are being put together - we want to meet those persons' needs.

4. Graduate Package

Graduates - 1985

We are in the "clean up" phase of the campaign to enroll at least 95% of the 1985 graduates in the No Cost Graduate Insurance Program.

A statistical report, Appendix "E", provides information on the enrollment as at 83%.

COUNCIL ON INSURANCE AND INVESTMENT

Graduates - 1984 and Prior

In 1981, 84% of the eligible graduates from dental faculties across Canada applied for the No Cost Graduate Insurance Package. In 1982, 92% applied and in 1983, 93% applied. At least 60% of these increased coverage in at least one plan. The survey was done by selecting every fifth name of graduates still invoiced and verifying the activity in their account. For example, Appendix "E" indicates a check of 97 accounts of 1982 graduates and 60 of the 97 increased coverage in at least one plan of insurance.

These figures are taken from current CDA listings of previous years' graduates, and checked against the CDIP computer files. Figures may differ from previous statistics because eligibility cannot be determined in retrospect; these may include graduates who took the coverage on a paying basis.

Graduates - 1984

For 1984, by December 31st, we had received 393 applications, 94% of the eligibles.

In 1984, 410 graduates were billed for 1985. Included in this figure are non-eligibles (graduates who did not pick up their CDA membership for all years at a dental faculty), graduates who did not apply for the package but had student coverage, and deferred who carried student coverage.

Out of the 410 who were billed, 332 (81%) picked up at least one plan and are now participating in the Canadian Dentists' Insurance Program (CDIP).

Seventy-eight (78) were cancelled because:	21 requested it
	51 for non-payment
	5 deferred
	1 moved out of country

We decided to send a notice out to the ones who were letting the coverage lapse to remind them that there was still time to pick it up, and five (5) of these (not in the "51" figure) picked up either or both of the Life and Accidental Death and Dismemberment coverages.

COUNCIL ON INSURANCE AND INVESTMENT

Graduates - 1984 - Cont'd

We wrote to the graduates who requested cancellation, asking them why they had cancelled. We got nine (9) replies, seven (7) of which were French. One replied that he could not see why he should have to pay a CDA membership and an ACDQ membership. The others just ticked off the part stating "purchased private insurance". We noticed that every cancellation from Laval University and University of Montréal (16 out of 20), the same thing was written on their invoice - "Non-requis". It is obvious that someone suggested this wording, no doubt an agent selling private plans.

This year we are getting more deferrals because of internship or continued education. It is felt that this is very important as it shows a service aspect that a graduate can understand and appreciate. This year the deferred graduate can get his Life Insurance at no cost from the date we receive the application until the end of December 1985. He will get invoiced for 1986. The remainder of the package will be activated when he finished his internship, which is usually prior to July 1st.

In previous years and still this year, we lose a number of graduates because they applied for the package, not being aware that they could defer and, of course, they don't pick it up on January 1st, and we have paid for this package for nothing.

For the 1986 graduates, it would be a good idea to emphasize that this option is indeed very important, beneficial, and another way that the Canadian Dentists' Insurance Program accommodates their needs.

5. LTD Claims Analysis

We wish to report that we are now accumulating statistics in the above area which may enable us to make some contribution in the area of Loss Prevention of this type of claim. We feel that we can make a small contribution to the body of knowledge in this area - with specific reference to dentists.

6. Corporate Structure

There will be a proposal at the annual meeting presented by the Board of Directors to review this matter. The annual meeting has been changed to a full day meeting on Saturday, October 5, 1985, to accommodate this.

COUNCIL ON INSURANCE AND INVESTMENT

7. Québec Malpractice

The CDSPI Director from the province of Québec informed the CDSPI Board of Directors that the QDSA Malpractice Insurance Program will be ceasing as of January 1, 1986, and that they will be reapplying to the CDA for co-sponsorship of this plan in the CDIP. The CDSPI Board was assured that there would be continued communication between the QDSA and CDSPI in order to provide full information and service to the dentists regarding reapplying.

Finally, since this report represents the CDSPI Annual Report to the CDA Board, I want to thank all those who help us to do what we do. Your co-operation and assistance is appreciated.

Respectfully submitted,

John E. Durran, D.D.S.
Chairman
Council on Insurance and
Investment

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Insurance and Investment with appreciation.

CANADIAN DENTISTS' INSURANCE PROGRAMLONG TERM DISABILITY PREMIUM RATES
(Annual Rates Per \$100 Monthly Benefit)

<u>Age</u>	<u>Proposed 90-Day Plan</u>	<u>Present 31-Day Plan</u>	<u>Present 8-Day Plan</u>	<u>C.O.L.A.*</u>
to 25	8.22	10.96	17.80	2.30
25 - 29	9.24	12.32	19.86	2.71
30 - 34	10.52	14.03	21.57	3.37
35 - 39	12.29	16.39	24.76	4.26
40 - 44	17.54	23.39	31.53	6.20
45 - 49	22.50	30.00	37.96	8.10
50 - 54	28.73	38.31	46.15	9.19
55 - 59	34.98	43.73	51.64	7.87
60 - 64	40.58	47.74	56.11	4.77
65 - 69	35.06	38.96	n/a	1.08

* C.O.L.A. premium rates are identical for all three plans.

GUARANTEED CONVERSION OPTION

In the event that policy #51947 is terminated without the availability of replacement Group coverage from any other source, Imperial Life agrees to provide individual policies for Long Term Disability income and Office Overhead Expense benefits subject to:

1) Individual applications for coverage to be received within 60 days of the date of termination.

2) Individual policies to be Non-Cancellable Guaranteed Renewable to age 65 with option to extend to age 70.

3) Benefits to be the same as that which exist under the Group plan at the time of termination except as follows:

- a) The COLA benefit to be the lesser of 7% simple accumulation or the Consumer Price Index, whichever is less, for both total disability and residual benefits. Only applicable to those participants who had this coverage at the time of termination.
- b) All contracts to have a 30 day Elimination Period before commencement of benefits. (If there is a 90 day Elimination Period as proposed those contracts to retain the 90 day Elimination Period.)
- c) Office Overhead Expense benefit limited to a maximum of 12 months.
- d) "Transitional" coverage to be consistent with this option.
- e) LEVEL premiums to be in accordance with the rate tables shown in Schedule "A" which are subject to review four years from the date of the agreement, and periodically thereafter, to ensure that they remain competitive and realistic in accordance with current conditions.

4) Payment of a non refundable risk charge equal to 1% of net premium (gross premium minus CDSPI administration fee) under the Long Term Disability and Office Overhead account subject to a minimum annual payment of \$50,000.00.

5) \$1,000,000.00 to be allocated as a Conversion Reserve, not related to the financial experience of the Long Term Disability and Office Overhead Expense account, and accumulating at interest. The interest to be apportioned 75% to the Conversion Reserve and 25% to the experience account until such time as the reserve is equal to 30% of the net premium at which time the apportioned amounts will be 25% to the reserve and 75% to the experience.

The conversion reserve to be accountable at all times and to be refunded to the experience account in the event that this agreement is terminated or the plan terminates with replacement coverage.

The reserve accumulation formula to be subject to review four years from the date of the agreement.

6) Should the contingency arise, all financial experience related to the individual policies will be reviewed 5 years from the time of termination. At that time the amount of the conversion reserve, plus interest and premiums paid, minus claims, expenses and required reserves, will be calculated. Any excess will be refunded to the Canadian Dental Association (?) or used to the credit of the policy holders (?).

7) This proposal is subject to completion of a satisfactory reinsurance agreement.

8) This proposal is valid until 30th September, 1985.

APPENDIX II - B
Current CDA Approved Dental
Claim Form



FORM
APPROVED BY THE
CANADIAN
DENTAL ASSOCIATION

PART 1 - DENTIST

NAME ADDRESS CITY, PROV. POSTAL CODE TELEPHONE				PATIENT'S LAST NAME GIVEN NAMES ADDRESS CITY, PROV. POSTAL CODE			
UNIQUE I.D. NUMBER							
DATE OF SERVICE		INT. TOOTH CODE	PROCEDURE CODE	TOOTH SURFACES	LABORATORY CHARGE	DENTIST'S FEE	TOTAL CHARGE
DAY	MO	YR					
THIS IS AN ACCURATE STATEMENT OF SERVICES PERFORMED AND FEES CHARGED. E & O.E.							
						TOTAL SUBMITTED FEE	
DENTIST'S SIGNATURE				DATE DAY MONTH YEAR			
FOR DENTISTS USE ONLY FOR ADDITIONAL INFORMATION RE: DIAGNOSIS, PROCEDURES OR COMPLICATIONS, AND SPECIAL CONSIDERATIONS.							
I UNDERSTAND THAT THE FEES LISTED IN THIS CLAIM MAY NOT BE COVERED BY OR MAY EXCEED MY POLICY BENEFITS. I UNDERSTAND THAT I AM FINANCIALLY RESPONSIBLE TO MY DENTIST FOR THE ENTIRE COST OF THE TREATMENT. I AUTHORIZE RELEASE OF THE INFORMATION CONTAINED IN THIS CLAIM FORM TO MY INSURING COMPANY OR ITS AGENTS.							
SIGNATURE OF PATIENT (OR PARENT/GUARDIAN)				SIGNATURE OF SUBSCRIBER			

PART 2 - INSURED SUBSCRIBER **PART 3 - POLICYHOLDER**

1. PATIENT-RELATIONSHIP TO INSURED IF CHILD AGE 21 OR OVER INDICATE STUDENT ☐ HANDICAPPED ☐ 2. ARE ANY DENTAL BENEFITS OR SERVICES PROVIDED UNDER ANY OTHER GROUP INSURANCE OR DENTAL PLAN? ☐ NO ☐ YES POLICY NUMBER _____ NAME OF INSURING AGENCY _____				1. POLICY NUMBER SUFFIX _____ ACC/DIV _____ 2. NAME OF INSURED 3. SIN 4. CERT NO			
3. IS ANY TREATMENT REQUIRED AS THE RESULT OF AN ACCIDENT? ☐ NO ☐ YES GIVE DATE AND DETAILS _____				5. DATE INSURED 6. DATE DEPENDENT INSURED 7. DATE TERMINATED			
4. IS ANY TREATMENT FOR ORTHODONTIC PURPOSES? ☐ NO ☐ YES 5. IF DENTURE, CROWN OR BRIDGE, IS THIS INITIAL PLACEMENT? ☐ NO ☐ YES GIVE DATE OF PRIOR PLACEMENT AND REASON FOR REPLACEMENT _____				8. IS CLAIM BEING MADE FOR WORKMEN'S COMPENSATION BENEFITS? ☐ NO ☐ YES			
6. I AUTHORIZE THE RELEASE OF ANY INFORMATION OR RECORDS REQUESTED IN RESPECT OF THIS CLAIM TO THE INSURER OR ITS AGENTS AND CERTIFY THAT THE INFORMATION GIVEN IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.				9. POLICY HOLDER SIGNATURE OF AUTHORIZED OFFICIAL _____			
7. INSURED NAME (PLEASE PRINT) _____ ADDRESS _____				DATE _____ DAY _____ MONTH _____ YEAR _____			
DATE	DAY	MONTH	YEAR	SIGNATURE			

ALL INFORMATION RECORDED ON THIS FORM IS CONFIDENTIAL

1986 POLICY IMPROVEMENTS

The Guardian Insurance Company has agreed to provide the following additional benefits, in connection with the 1986 Master Contract, at no additional premium:

- A. The Office Contents section of the policy will provide an additional 10% to cover Debris Removal, over and above the Office Contents limit.
- B. The rate for Extra Expense coverage, over and above the automatic \$5,000.00 limit, is to be reduced by 10%.
- C. The rate for Accounts Receivable coverage, over and above the automatic limit of \$10,000.00, has been reduced by 10%.
- D. The Office Contents section will be extended to provide additional lease expense coverage, up to an amount of \$5,000.00, at no charge. In other words, the Guardian will now pay up to \$5,000.00 in any one occurrence for extra lease expense resulting from loss or destruction of the insured premises, by a peril insured against, rendering the said premises unfit for occupation so that the Insured's lease is terminated under the terms of the lease agreement. Indemnity would be based on the difference between the monthly rent on the new premises and the monthly rent on the Insured premises, multiplied by the number of months remaining on the lease at the insured premises, up to an amount not exceeding \$5,000.00. Such difference would be calculated on

Cont'd.....

D. Continued:

the basis that the replacing location is of similar size, condition and location, without allowance for improvement.

- E. The Office Contents section will be extended to provide Depositor's Forgery coverage with a limit of \$5,000.00.

At the present time the Office Contents section of your contract provides automatic coverage, for an amount not exceeding \$2,000.00, for loss of Money, Securities, Gold and other precious metals. A dentist, should he or she desire, can purchase an additional \$1,000.00 as per the existing rate schedule. The Guardian is now prepared to allow a dentist to purchase an additional \$8,000.00 coverage, at the existing rates.

MALPRACTICE COVERAGE - PROPOSED CHANGES
TO 5 YEAR EXTENSION SECTION

The Guardian has agreed that they would categorize those whom they intend to cover under Clause 14 of the Malpractice section of your policy. The first category would be called "Pure Retirees". These have been identified as individuals who have reached an age where they no longer wish to practice dentistry or have sold their practice. It was agreed that from the date that the dentist specifically states that he or she is in retirement then he or she would be covered under Clause 14 for a period of 5 years. A Memorandum of Insurance would be issued each year confirming this status. Ninety days prior to the expiration of the 5th year of coverage under this clause a notice must be sent to the dentist advising of the termination of the coverage under this clause. The dentist would then be given an option of purchasing Malpractice insurance for a further period of 12 months. At the end of this 12 month period the dentist would once again be offered Malpractice insurance. This procedure would stay in force until the dentist refused the Malpractice insurance or dies. Upon death his estate would be entitled to continue or purchase the coverage for a period equivalent to the statutory period during which claims can be made against estates. Research would have to be done to identify the time period involved in each Province. Should you wish this concept to form part of the 1986 contract we would then ask the Guardian to do the necessary research and establish a premium. At our final meeting a figure of approximately \$10.00 was suggested by Mr. Cleary of the Guardian.

Cont'd....

The next category identified relates to dentists who move to Ontario. The issues discussed revolve around whether or not the dentist moving to Ontario retains his or her licence to practice in a Province other than Ontario. It was agreed that where the dentist retains a licence to practice in another Province, in addition to his Ontario licence, he or she will pay the full Malpractice rate applicable at that time. Where the dentist only has an Ontario licence he or she would be afforded cover under Clause 14, for a 5 year period, at no charge. The discussions on this topic highlighted the fact that we must specify in the clause the fact that we are only covering acts committed while the dentist was licenced to practice dentistry in a Province of Canada, or the Yukon or the North West Territories. Although not discussed, it should be understood that these individuals would also be subject to the same procedures regarding extension Memorandums of Insurance as those classified as pure retirees.

Next on our list were those dentists moving to the United States or any other foreign country. They would also be subject to the same rules and procedures as those moving to Ontario.

A further category would involve those dentists falling into a "non-practicing status". Those individuals falling into the non-practicing status, and how they would be handled, are as follows:

- (1) TOTAL DISABILITY - It was agreed that this class could be covered by the 5 year extension after a 6 month waiting period. In other words, a dentist who was totally disabled and unable to work at all,

Cont'd....

- (1) TOTAL DISABILITY - continued:
could apply for a refund of up to 50% of his Malpractice premium if he was still disabled after 6 months. He would then be covered by the 5 year extension, at no cost, until he or she was able to return to his or her practice, either full or part time. He or she would then have to pay the full malpractice premium and be covered in the normal manner.
- (2) PARTIAL DISABILITY - It was agreed that the full premium should be paid for this class and that any dentist who was only partially disabled could not be covered by the 5 year extension and should continue to carry his or her normal Malpractice coverage and pay the normal premium.
- (3) DRUG AND/OR ALCOHOL ABUSE PROGRAMS - It was agreed that anyone in this class would be treated in the same fashion as those classified as being Totally Disabled.
- (4) MATERNITY LEAVE - It was also agreed that anyone in this class would be treated in the same manner as those classified as being Totally Disabled.
- (5) POST GRADUATES - It was agreed that if a dentist retains his or her licence in Canada then he or she must pay the full premium.
- (6) MILITARY - Much discussion evolved around those in the Armed Forces and their need for cover. It was agreed that no action would be taken pending further advices from CDSPI on how the Armed Forces provides

Cont'd,.....

(6) MILITARY - continued:

Malpractice coverage for it's dentists. We also have to establish as to whether or not a Military Base anywhere in the World, is considered to be a part of Canada.

Any dentist falling under Items 1, 3, or 4 in the non-practicing status would have to sign a form stating that this is their status and that they were aware of the fact that the coverage they now have would only cover them for claims that resulted from work they had done prior to their becoming non-practicing.

The Guardian was also asked specific questions in connection with those dentists whose licences have been cancelled and/or suspended. The Guardian have agreed as follows:

1. Cancelled Licence - The Guardian will give 90 days notice of cancellation. After that period they would be prepared to issue a separate policy, outside the Plan. The dentist would then be eligible to go back on the Plan if and when his or her licence was reinstated at some future date.
2. Suspended Licence - A dentist would stay in the Plan as is, at least until renewal date, at which time the Guardian could decide to invoke their termination rights as per the Policy terms.

It should be pointed out that if the Guardian was, for any reason, replaced then all of the extensions of cover

Cont'd

which they have agreed to, under the Malpractice program, would cease from the date of their replacement. The new insurance carrier, who replaced the Guardian, would have to pick up these coverages from the date the Guardian was replaced.

NO COST GRADUATE INSURANCE - 1985

Enrollment to-Date Compared to Previous Years

<u>University</u>	<u>1982 %</u>	<u>1983 %</u>	<u>1984 %</u>	1985		
				<u>Eligible</u>	<u>Enrolled</u>	<u>%</u>
U. of E.C.	100	83.3	100	29	28	97
U. of A.	100	100	100	40	40	100
U. of S.	100	100	100	21	21	100
U. of Man.	100	94.4	100	24	21	88
U. of W.O.	80	94.2	98	56	54	96
U. of T.	83.5	83.5	86	116	81	70
McGill	100	72.9	86.1	37	27	73
U. of Mtl.	94.4	89.6	98	73	60	82
Laval	87	100	100	29	29	100
Dalhousie	<u>95.5</u>	<u>100</u>	<u>94.4</u>	<u>32</u>	<u>19</u>	<u>59</u>
	91.2	89.6	95	457	380	83%

Cyril J. Gallant, CLU
Director of Plans

1985 05 15

Statistical Report - No Cost Graduate Insurance

1982

	# Grads	# Eligible	Enrolled		Still Active		Increased	
			#	%	#	%	#	%
U. of B.C.	38	36	36	100	34	94	6 of 8	75
U. of Alberta	49	46	46	100	45	98	5 of 9	55
U. of Saskatchewan	19	19	19	100	19	100	1 of 4	25
U. of Manitoba	31	23	23	100	23	100	3 of 6	50
U. of Western Ontario	58	58	47	80	40	85	5 of 11	45
U. of Toronto	127	127	107	84	83	78	18 of 24	75
McGill University	38	36	36	100	29	81	6 of 8	75
U. of Montréal	84	71	67	94	53	79	9 of 17	53
Laval University	23	23	21	91	17	81	3 of 5	60
Dalhousie University	25	22	21	95	21	100	4 of 5	80
TOTALS	492	461	423	92	364	86	60 of 97	62

PSO/EC

5/85

Statistical Report - No Cost Graduate Insurance

1983

	# Grads	# Eligible	Enrolled		Still Active		Increased	
			#	%	#	%	#	%
U. of B.C.	43	41	41	100	41	100	5 of 9	55
U. of Alberta	50	48	48	100	45	94	5 of 10	50
U. of Saskatchewan	23	22	22	100	21	95	2 of 5	40
U. of Manitoba	35	31	31	100	29	94	3 of 6	50
U. of Western Ontario	56	51	50	98	32	63	3 of 7	43
U. of Toronto	127	127	111	87	81	73	13 of 16	81
McGill University	39	39	31	79	27	87	1 of 5	20
U. of Montréal	82	82	73	89	54	74	8 of 9	89
Laval University	22	21	21	100	21	100	4 of 4	100
Dalhousie University	26	23	23	100	20	87	1 of 4	25
TOTALS	503	485	451	93	371	82	45 of 75	60

PSO/EC

5/85

Statistical Report - No Cost Graduate Insurance

1984

	# Grads	# Eligible	Enrolled		Still Active		Increased	
			#	%	#	%	#	%
U. of B.C.	38	32	32	100	30	94	4 of 8	50
U. of Alberta	46	40	40	100	38	95	4 of 8	50
U. of Saskatchewan	22	22	22	100	22	100	2 of 5	40
U. of Manitoba	21	21	21	100	20	95	1 of 5	20
U. of Western Ontario	55	54	53	98	45	85	8 of 10	80
U. of Toronto	110	106	89	84	67	75	9 of 15	60
McGill University	36	36	31	86	26	84	4 of 6	67
U. of Montréal	70	65	64	98	42	66	5 of 9	55
Laval University	24	24	24	100	20	83	4 of 4	100
Dalhousie University	19	18	17	94	15	88	4 of 4	100
TOTALS	441	418	393	94	325	83	45 of 74	61

PSO/EC

5/85

COUNCIL ON NOMINATIONS

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING

OCTOBER 1985

Members: Dr. Robert N. Hicks, Chairman, Vancouver
Dr. W.R. Thompson, Ontario
Dr. G.E. Utas, Alberta
Dr. D.E. Williams, New Brunswick

1. Council did not meet during the term; business was conducted by correspondence and telephone.
2. Solicitation of nominations for elective offices and vacancies was conducted in accordance with the by-laws and terms of reference of the Council.
3. All elective offices and vacancies for the 1985-86 term have been filled by eligible nominees.
4. No Elections are required. As indicated in the appended table. Appendix A
5. **RESOLVED:**

85.130 **THAT one ballot be cast to elect those candidates to offices and vacancies where no opposition exists.**

ADOPTED

6. The call for nominations, the nomination form and the list of nominees with biographical information are appended and comprise part of this report. Appendix B
7. Council expresses appreciation to the nominators for their assistance in providing nominees, to the candidates for their willingness to serve and to the staff for their assistance.

Respectfully submitted,

Robert N. Hicks, D.D.S., M.S.
Chairman
Council on Nominations

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Nominations with appreciation.

ADDENDUM

COUNCIL ON NOMINATIONS

RESOLVED:

- 85.131 THAT Dr. R.N. Hicks be elected a member
of the Nominations Committee.

ADOPTED

NOMINATIONS - CDA ELECTIVE OFFICES - 1985

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES-AFFILIATIONS
<u>Chairman of the Board</u> Dr. H.A. Mancini	Elected annually	Active or Honorary Member	1 year	Dr. N.A. Mancini
<u>President-elect</u> Dr. B.H. Holmes	Elected annually	Member of Board of Governors	1 year	Dr. J.R. Robertson
<u>Executive Council</u> Dr. J.W. Niedermayer - 1985(1) (Sask.) Dr. J.-C. Giguère - 1985 (Qué.) Dr. E.F. Allison - 1985(2) (Alta.)	Annual election to fill expired terms	Member of Board of Governors	2 years	Dr. J.W. Niedermayer Dr. J.-C. Giguère Dr. E.F. Allison
<u>Constitution & By-Laws</u> Dr. G.H. Peacock - 1985(1) (Sask.)	Annual election to fill expired terms	CDA member with stipulations	3 years	Dr. G.H. Peacock
<u>Education & Accreditation</u> Dr. K.C. Bentley - 1985(2) (ACFD) Mr. D. Beck - 1985 (Student) Dr. H. Boyd - 1985(1) (Univ.) Dr. N. Andrews - 1985(1) (Non-Univ.) Dr. G.W. Burgman - 1985(1) (Non-Univ.) Dr. M. Jahjah - 1985(1) (Non-Univ.) Dr. E.W. McIntyre - 1985(1) (Non-Univ.) Dr. K.F. Pownall - 1985(1) (Reg.) Second HDEB Rep. - 1985 CDIA Representative CDAA Representative	Annual election to fill expired terms	CDA member with stipulations	3 years	Dr. G. Thompson (ACFD) Dr. D. Beck (Student) Dr. H. Boyd (Univ.) Dr. I. Vogan (Non-Univ.) Dr. G.W. Burgman (Non-Univ.) Dr. M. Jahjah (Non-Univ.) Dr. E.W. McIntyre (Non-Univ.) Dr. K.F. Pownall Kate MacDonald Marlene Panquin

NOMINATIONS - CDA ELECTIVE OFFICES - 1985

OFFICE/INCUMBENT	COMMENT	ELIGIBILITY	TERM	NOMINEES-AFFILIATIONS
<u>Ethics</u> Dr. W.G. Leggett - 1985(1) (Ont.) Dr. B.G. Saik - 1985(1) (Alta.)	Annual election to fill expired terms	CDA member with stipulations	3 years	Dr. W.G. Leggett Dr. B.G. Saik
<u>Health Care</u> Dr. H.W. Ilorsman - 1985(2) (H.B.) Dr. A.D. Crocker - 1985(2) (P.E.I.) Dr. E.K. Fukushima - 1985(2) (B.C.) Dr. C.T. McHichol - 1985(2) (Alta.) Dr. K.I. Hamilton - 1985 (1) (Sask.) Dr. K.R. Skinner - 1985(1) (Man.) Dr. A. Toeman - 1985(1) (Que.) L.-Col. P.R. McQueen - 1985(1) (CFDS) Dr. R.C. Rooney - Pres. Appt. (N.B.) CDHA Representative CDHA Representative	Annual election to fill expired terms	CDA member with stipulations	3 years	Dr. W. Allen (P.E.I.) Dr. T.D. Fantin (B.C.) Dr. D.E. Upton (Alta.) Dr. K.I. Hamilton (Sask.) Dr. K.R. Skinner (Man.) Dr. A. Toeman (Que.) L-Col. P.R. McQueen (CFDS) Dr. R.C. Rooney (N.B.) Peggy Larder (CDHA) Suzanne Mader (CDAA)
<u>Nominations</u> Dr. G.E. Utas - 1985	Nominations will be received from the floor at annual meeting		3 years	



CANADIAN DENTAL ASSOCIATION / L'ASSOCIATION DENTAIRE CANADIENNE
1815 ALTA VISTA DRIVE, OTTAWA, ONTARIO, CANADA K1G 3Y6
TELEPHONE (613) 523-1770

M E M O R A N D U M

TO: Members of the Board of Governors
Presidents & CEO's Corporate Members
CDA Council Chairmen
Presidents & Secretaries of Specialty Sections
Association of Canadian Faculties of Dentistry
National Dental Examining Board of Canada
Royal College of Dentists of Canada
Provincial Registrars
President, Canadian Dental Hygienists Association
President, Canadian Dental Assistants Association

FROM: Dr. R.N. Hicks,
Chairman, Nominations Council
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

DATE: April 15, 1985

SUBJECT: CDA Nominations 1985-86

1. Elections of officers and council personnel for the 1985-86 term will take place during the 1985 Annual Meeting of the Board of Governors in Ottawa, on October 3-4, 1985.
2. Except in the case of nominations to the Council on Nominations itself, nominations from the floor during the Annual Meeting will not be valid unless vacancies are created by withdrawals from the list of nominations as presented by the Council on Nominations. The Board may then make further nominations from the floor.
3. It is the duty of the Council on Nominations (Article XVI, Section 4(i), (i-v) to:
 - a) prepare a list of all elective offices to be filled;
 - b) solicit nominations, excluding those for the Council on Nominations;
 - c) rule on eligibility;
 - d) make further nominations as necessary, or as Council sees fit;
 - e) submit a report to the Annual Meeting.
4. Nominations must be received before JUNE 10, 1985.

5. Those entitled to make nominations are:

Members of the CDA Board of Governors
CDA Council Chairmen
Presidents or Secretaries of Corporate Members
Presidents or Secretaries of Specialty Sections

6. Nominees to the Council on Education will include the recommendations of:

The Association of Canadian Faculties of Dentistry
The National Dental Examining Board of Canada
The Royal College of Dentists of Canada
The Conference of Provincial Dental Licensing Authorities
Canadian Dental Hygienists' Association
Canadian Dental Assistants' Association

7. All nominations must be accompanied by:

(a) Written consent of the nominee.

(b) A completed conflict of interest statement by the nominee.

Failure to comply with these two requirements will nullify the nomination.

8. Except for Executive Council (as otherwise indicated), election to Councils is for a term of three years, renewable once. Members of the Councils must be Active, Associate, Affiliate, or Student Members of the Canadian Dental Association. Associate or Affiliate members are not eligible for nominations for election to the Board of Governors or the Executive Council. Student members are not eligible for nomination for election to the Executive Council.
9. Nominations should be accompanied by a brief biographical sketch of the nominee attached to the nomination form.

PLEASE FORWARD YOUR NOMINATION(S)
WRITTEN CONSENT OF THE NOMINEE'S
WILLINGNESS TO STAND FOR OFFICE
AND A BRIEF BIOGRAPHICAL SKETCH
OF EACH NOMINEE TO

Dr. Robert N. Hicks, Chairman
Council on Nominations
Canadian Dental Association
1815 Alta Vista Drive
Ottawa, Ontario
K1G 3Y6

DEADLINE: JUNE 10, 1985

NOMINATION FORM - CDA

One form must be completed for each candidate. Candidates must be eligible to assume office if elected (see conflict of interest by-law on reverse of this form, and specific regional or other stipulations for nominations on the attached memorandum). PLEASE CHECK OR COMPLETE ONE OF THE FOLLOWING:

Nomination for: Chairman of the Board _____ President-Elect _____
Executive Council _____
Council on _____

***NOTE:** Associate or Affiliated members are not eligible for nomination to the Board of Governors or Executive Council.
Student members are not eligible for nominations to the Executive Council.

PLEASE PRINT OR TYPE THE FOLLOWING:

Candidate's Name _____

Candidate's Address _____ Postal Code _____

It is desirable for a nominee to attach a brief biographical sketch if possible.

IN ACCORDANCE WITH THE STIPULATIONS OF THE CONSTITUTION AS TO REGIONAL OR OTHER REPRESENTATION, AND, AS TO MY ENTITLEMENT TO MAKE NOMINATIONS, I PROPOSE THE ABOVE CANDIDATE FOR NOMINATION.
PLEASE PRINT OR TYPE THE FOLLOWING:

Nominator _____ Office/Position _____

Signature _____

****NOTE:** Please notify the candidate's provincial association identifying the candidate and the office, council or committee to which he/she has been nominated.

ARTICLE XXI SECTION I OF THE CONSTITUTION APPEARS ON THE REVERSE OF THIS NOMINATION FORM. THIS ARTICLE DEALS WITH POSSIBLE POTENTIAL CONFLICTS OF INTEREST.

NOMINEE WILL PLEASE INITIAL ONE OF THE FOLLOWING:

- A) I have no known possible potential conflict of interest _____
B) I have a possible conflict of interest _____
If B) please explain potential conflict on the reverse of this form.

I agree to permit my nomination and qualify by Active _____ Affiliate _____

Associate _____ Student _____ Membership in the CDA

Membership in _____ (Corporate Member)

NAME OF ORGANIZATION RECOMMENDING THIS NOMINATION _____

SIGNATURE OF NOMINEE _____

ACCORDING TO ARTICLE XXI SECTION 1 OF THE CONSTITUTION, THE FOLLOWING APPLIES:

- a) Every member of the Board of Governors of the Association who has directly or indirectly any interest in any contract or transaction or in any business or undertaking which provides dental supplies or services of any kind to the dental profession, shall declare his material interest in the foregoing. He then will absent himself from discussion and voting on such contract or transaction.
- b) If a Governor has made a declaration in compliance with the above provisions and he has not voted in respect of the contract or transaction, and if he has acted honestly and in good faith, he is not accountable to the Association for any profit or gain realized and the contract or transaction is not voided.
- c) The above provisions apply automatically to the members of the various Committees, and Councils of the Association, including the Executive Council. Each Board and/or Council or Committee member in order to make sufficient disclosure, is required to do so not only to his Council, etc., members but also to the Board of Governors in writing.
- d) All nominees for election or appointment to Councils or Committees of the Association, including the Executive Council shall declare on the nomination form, all possible potential conflicts of interest. These shall be made known to the Board prior to the election.
- e) That, of itself, being a Trustee of the CDA administered insurance and investment plans and/or of itself being a representative of the CDA to the Board of Canadian Dental Service Plans Incorporated shall not constitute a potential conflict of interest for a current member or a candidate for election to the Executive Council of the CDA.
- f) A conflict of interest shall exist where a member of the Board of the CDA or any of its Councils and Committees is privy to information that could be construed to be confidential and of benefit to that individual or any organization with which he may be associated. In such situations such a member shall be required to give an undertaking that such information be kept confidential.
- g) The Board shall be the final authority on any disputed conflict of interest.

PLEASE INDICATE BELOW ANY POSSIBLE POTENTIAL CONFLICT OF INTEREST:

Return this completed form by JUNE 10, 1985 to:

Dr. Robert N. Hicks, Chairman, Council on Nominations
Canadian Dental Association, 1815 Alta Vista Dr.,
Ottawa, Ontario K1G 3Y6

CURRICULUM VITAE

Name _____

Address _____

_____ Postal Code _____

Office Telephone No. _____ Area Code _____

NOMINATIONS

1985

I. President-Elect

Term: 1 year
Eligibility: Member of the Board of Governors

1. _____

II. Chairman of the Board

Term: Elected annually
Eligibility: Active or Honorary Member (may hold no other elective office during his tenure as Chairman)

Incumbent: N.A. Mancini, Hamilton
Eligible for re-election

1. _____

III. Executive Council - 9 members

Term: 2 years: renewable twice
Eligibility: Member of the Board of Governors

Incumbents: R.N. Hicks, Past-President
P.R. Crawford, President
B.W. Holmes, President-Elect
J.C. Giguere, Quebec
E.F. Allison, Alberta
J. Robertson, P.E.I., 1986(2)
J.W. Niedermayer, Saskatchewan, 1985(1)
J.R. Markey, Vancouver, 1986(1)
J.N. Wright, Ontario, 1986(1)

Summary:

The Executive Council shall consist of the President, Immediate Past-President, President-Elect and six additional members. The President-Elect and six additional members shall be elected by the Board of Governors from its membership. The province from which a member is licensed at the date of the Annual Meeting shall determine the province from which the candidate has been drawn. The six additional members shall consist of one each from the following regions:

- (a) Province of British Columbia
- (b) Province of Alberta
- (c) Provinces of Saskatchewan - Manitoba
- (d) Province of Ontario
- (e) Province of Quebec
- (f) Provinces of New Brunswick, Nova Scotia, P.E.I. and Newfoundland.

.../2

Nominations - 1985 - continued...

VI. Council on Education & Accreditation: 17 members

Term: 3 years: renewable once

Incumbents:	K.C. Bentley, Montreal, 1985(2), Chairman	ACFD
	M.A. Boyd, Vancouver, 1985(1)	UNIV
	A. Schwartz, Winnipeg, 1986(1)	UNIV
	B.S. Graham, Halifax, 1987(1)	UNIV
	N. Andrews, Halifax, 1985(2)	NON-UNIV
	G.W. Burgman, Kirkland Lake, 1985(1)	NON-UNIV
	M. Jahjah, Montreal, 1985(1)	NON-UNIV
	E.W. McIntyre, Edmonton, 1985 (1)	NON-UNIV
	G.S. Beagrie, Edmonton, 1987(2)	RCD(C)
	K.F. Pownall, Toronto, 1985(1)	REGISTRAR
	G.R. Thordarson, Vancouver, 1987(1)	REGISTRAR
	N.J. Layton, Truro, 1986(1)	NDEB
	D. Beck, 1985 (1 year: renewable annually)	STUDENT
	J. Roberts, Toronto	LAY REP.

Summary:

Dr. K.C. Bentley is completing his second term and a nomination is required for an ACFD representative.

Dr. D. Beck is completing a one-year term and a nomination is required for a STUDENT representative.

Dr. M.A. Boyd is completing her first term as a UNIV representative and is eligible for re-election.

Dr. N. Andrews is completing his second term and a nomination is required for a NON-UNIV representative.

Drs. G.W. Burgman, M. Jahjah and E.W. McIntyre are completing their first terms as NON-UNIV representatives and are eligible for re-election.

Dr. K.F. Pownall is completing is first term as a REGISTRAR representative and is eligible for re-election.

The 1984 Annual Board of Governors Meeting approved a second* NDEB representative to be named to the Council on Education and Accreditation and a nomination is required to fill this position.

The 1984 Annual Board of Governors further approved the appointment of a representative from the Canadian Dental Hygienists Association and the Canadian Dental Assistants Association. Nominations are required for both of these positions.

*Dr. H.M. Dick, the NDEB nominee to Council has attended council meetings during 1984-1985.

Nominations - 1985 - continued...

Elections - Council on Education & Accreditation

- | | | |
|------------------|-----------|-----------|
| 11 to be elected | 1. _____ | ACFD |
| | 2. _____ | STUDENT |
| | 3. _____ | UNIV |
| | 4. _____ | NON-UNIV |
| | 5. _____ | NON-UNIV |
| | 6. _____ | NON-UNIV |
| | 7. _____ | NON-UNIV |
| | 8. _____ | REGISTRAR |
| | 9. _____ | NDEB |
| | 10. _____ | CDHA |
| | 11. _____ | CDA |

At the 1985 Interim Meeting the Board appointed Miss Jacqueline Roberts as the Lay Representative to Council.

VII. Council on Ethics: 5 members

Term: 3 years: renewable once

Incumbents: G.R. Thordarson, Vancouver, 1986(2)
M.A. Lasko, Winnipeg, 1986(1)
W.G. Leggett, Ontario, 1985(1)
G.G. Turner, Glace Bay, 1987(1)
B.G. Saik, Calgary

Summary:

Dr. W.G. Leggett is completing his first term and is eligible for re-election.

Dr. B.G. Saik is a presidential appointment completing the unexpired term of Dr. R.C. McClelland.

- | | |
|-----------------|----------|
| 2 to be elected | 1. _____ |
| | 2. _____ |

Nominations - 1985 - continued...

VIII. Council on Health Care: 12 members

Term: 3 years: renewable once

Incumbents: H.W. Horsman, N.B., 1985(2), Chairman
D.G. Sage, Ontario, 1986(1)
G. McFarlane, Newfoundland, 1986(1)
R.B. Porter, Nova Scotia, 1986(1)
A.D. Crocker, P.E.I., 1985(2)
E.K. Fukushima, B.C., 1985(2)
K.I. Hamilton, Sask., 1985(1)
C.T. McNichol, Alberta, 1985(2)
L-Col. P.R. McQueen, CFDS, 1985(1)
R.C. Rooney, N.B.
K.R. Skinner, Manitoba, 1985(1)
A. Toeman, Quebec, 1985(1)

Summary:

Drs. H.W. Horsman, A.D. Crocker, E.K. Fukushima and C.T. McNichol are completing there 2nd terms and nominations are required.

Drs. K.I. Hamilton, K.R. Skinner, A. Toeman and L-Col. P.R. McQueen are completing their first terms and are eligible for re-election.

Dr. R.C. Rooney is filling the vacancy of the chairman for 1984-1985.

The 1985 Interim Board of Governors approved the appointment of a representative from the Canadian Dental Hygienists' Association and the Canadian Dental Assistants' Association. Nominations are required for both of these positions.

- 10 to be elected
1. _____ N.B.
 2. _____ P.E.I.
 3. _____ B.C.
 4. _____ Sask.
 5. _____ Alberta
 6. _____ CFDS
 7. _____ Manitoba
 8. _____ Quebec
 9. _____ CDAA
 10. _____ CDHA

.../6

Nominations - 1985 - continued...

IX. Council on Hospital and Institutional Services: 6 members

Term: 3 years: renewable once

Incumbents: J. Gryfe, Weston, 1987(2), Chairman
C. Foster, Winnipeg, 1986(1)
J. Hardie, Ottawa
E.L. MacInnis, Halifax, 1986(1)
L. Trudel, Sherbrooke, 1986(1)
W.S. Walter, Vancouver, 1986(1)

Summary:

The Council on Hospital Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

Dr. J. Hardie is filling the vacancy of the chairman for 1984-85.

None to be elected

X. Council on Information Services: 5 members

Term: 3 years: renewable once

Incumbents: Y. Kamachi, Ontario, 1987(2), Chairman
T. Koltek, Prairie Provinces, 1987(2)
C. Leblanc, Atlantic Provinces, 1987(2)
R. Howaniec, B.C., 1986(1)
G. Lafreniere, Quebec, 1986(1)

Summary:

The Council on Information Services shall consist of five members representative of the Atlantic Provinces, Quebec, Ontario, the Prairie Provinces and British Columbia.

None to be elected

XI. Council on Insurance and Investment

The Canadian Dental Association has delegated to the Canadian Dental Service Plans Inc. the function of the Council on Insurance and Investment as a result of an agreement between the two organizations. This agreement is to be reviewed annually by the Board of Governors of the Canadian Dental Association and the Canadian Dental Services Plans Inc.

None to be elected

.../7

XII. Council on Nominations: 3 members plus Past-President as
Chairman

Term: 3 years

Incumbents: R.N. Hicks, Vancouver, Chairman
D.E. Williams, N.B., 1986
G.E. Utas, Alberta, 1985
W.R. Thompson, Ontario, 1987

Summary:

The Council on Nominations shall consist of three members elected by the Board at its Annual Meeting, pursuant to Article X, Section 6 of the By-laws, together with the Past President, who shall be Chairman. The membership should be geographically representative of the Association and shall include one or more Past-Presidents.

Dr. G.E. Utas is completing his term and nominations will be received from the floor at the Annual Meeting to fill one vacancy.

CHAIRMAN OF THE BOARD

CURRICULUM VITAE

Name Dr. N.A. Mancini
Address 280 Barton Street East
Hamilton, Ont. Postal Code L8L 2X3
Office Telephone No. 529-0041 Area Code 416

Personal Married - Josephine, Oct. 10, 1949
3 sons, Michael Gerard, Nicholas Anthony Jr.,
John Patrick

Education Elementary - St. Ann's School, Hamilton
Secondary - Cathedral High School, Hamilton
B.A. (Chem., Physics, Biology) University of Toronto
D.D.S. - University of Buffalo

Memberships Served on original Foundation Committee for the
Hamilton Theatre Auditorium Centre
Served on Hamilton Urban Renewal Committee
Served on Staff of Hamilton Civic Hospitals
Served (6 yrs.) Board of Governors of Hamilton
Civic Hospitals
Served one year - Board of Directors of Social
Planning and Research Council
Past Chairman of Canadian Catholic School Trustees
Assoc. (C.C.S.T.A.)
Past Chairman of Ontario Separate School Trustees
Assoc. (O.S.S.T.A.)
Presently on Executive Council of O.S.S.T.A.
Past Chairman of Ontario School Trustees Council
(O.S.T.C.) which includes 5 Trustees' Associations
of Ontario
Fellow International College of Dentists FICD
Dominion Council of Health (3 yrs.)
Past Chairman of Hamilton-Wentworth Roman Catholic
Separate School Board
Presently School Trustee and Chairman of Education
Committee
Accorded Papal Honour (made a K.S.G.) (Knighthood) Knight
of St. Gregory
Past President of Hamilton Academy of Dentistry
Serving as Chairman of Board - O.D.A.
Serving as Chairman of Board - C.D.A.
Past Grand Knight - Knights of Columbus, Hamilton
Pierre Fauchard Academy

PRESIDENT ELECT

CURRICULUM VITAE

Name Dr. John R. Robertson

Address 216 Linden Avenue

Summerside, P.E.I. Postal Code C1N 4N4

Office Telephone No. 436-2642 Area Code 902

Personal Married - Elizabeth Ann
 Children - Catherine 18
 Latricia 16
 Trevor John 11

Education Graduated Dalhousie Dental School - 1964
 (Class President 4 years)

Practice Served with Armed Forces Dental Corps 9 years
 Retired from RCDC with rank of Major
 Presently - Summerside Dental Clinic,
 216 Linden Avenue
 Summerside, P.E.I. C1N 4N4

Associations

Present member - (a) A.G.D.
 - (b) Board of Governors P.E.I.
 - (c) Extension of Term as Examiner with N.D.E.B.
 - (d) F.D.I.
 - (e) Fellow of International College of Dentists
 - (f) United States Dental Institute
 - (g) Regent for Zone F, International College of Dentists
 - (h) Prince County Hospital Dental Advisor
 - (i) Green Gables Study Club, P.E.I.
 - (j) Director, Summerside Waterfront Development Corporation
 - (k) American Academy of Gerontology

Past member of Summerside Y's Mens Club
Past Cub Master (3 yrs.) Summerside Y's Mens Club Sponsor
Past member Board of Managers Summerside Presbyterian Church
Past member Advisory Board - Dental Assisting Program
 Holland College, P.E.I.
Past President P.E.I. Dental Association - Two terms
Past member Council on Health Care - Two terms

EXECUTIVE COUNCIL

CURRICULUM VITAE

Name Dr. John W. Niedermayer (Jack)

Address 710 - 1805 Rose Street

Regina, Sask. Postal Code S4P 1Z8

Office Telephone No. 522-6790 Area Code 306

Personal Born, Regina, Saskatchewan 1938
Married, Nicolette 1964
Children: 4 daughters, Judy, Jill, Jackie, Jan

Early Education St. Augustine Elementary School - Regina
Campion College Jesuit High School - Regina

Pre Professional University of Saskatchewan - Saskatoon
Bachelor of Arts and Science (Chem. & Biology) 1960

Professional University of Alberta - Edmonton, Alta.
DDS -- 1964
General Practice: Regina 1964 - present

Memberships Regina & District Dental Society Pres - 1972
College of Dental Surgeons of Saskatchewan - Pres - 1977
-Chairman of Legislation Committee
-Chairman of Economics Committee
Representative CDA Board of Governors - 1981
Representative CDA Executive Council
Saskatchewan-Manitoba 1983 -

EXECUTIVE COUNCIL

CURRICULUM VITAE

Name Edward (Ted) Francis Allison
Address 55, 1812 - 4 Street S.W.
Calgary, Alberta Postal Code T2S 1W1
Office Telephone No. 228-4162 Area Code 403

Dr. Allison was born in Calgary, Alberta, on May 12, 1929.

Following his early education in Calgary, Dr. Allison attended the University of Alberta, Edmonton. He received his B.Sc. degree in 1951 and his D.D.S. degree in 1953, after which he set up practice in Calgary.

Dr. Allison is very active in organized dentistry. He has served as the President of the Calgary and District Dental Society in 1963 and as President of the Alberta Dental Association in 1979. He has also held the office of first Vice-President of the Pacific Dental Federation. Dr. Allison has been active in Canadian Dental Association affairs since 1966 and is currently one of Alberta's Governors to the CDA. He has been involved in dental auxiliary matters on a local, provincial and national basis. He is also a Past-President of the Western Canada Dental Society. A member of the Pierre Fauchard and a fellow of the International College of Dentists.

Dr. Allison is also active in the community. He is a Past-President of the Alberta Chapter and a Past Vice-President of the Canadian T.B. and Respiratory Disease Associations. He is currently involved with the Calgary Exhibition and Stampede and the Alberta Motor Association. Dr. Allison is a member of the K40, Glenoe, Rotary, and Calgary Golf and Country Clubs.

From 1953 to 1961 he served with the Dental Corps, #59 Dental Unit, with the rank of Major.

His hobbies include hunting, fishing, golf, badminton and skiing.

He married Flora Morrison in 1954 and they are the parents of three sons.

CONSTITUTION & BY-LAWS

CURRICULUM VITAE

Name Dr. G.H. Peacock

Address 109 - 514 - 23rd Street E.

Saskatoon, Sask. Postal Code S7K 0J8

Office Telephone No. 244-5072 Area Code 306

Personal Born Cobourg, Ontario
Married - 1963 - Martha Emily
5 sons

Education D.D.S. - University of Alberta - 1962

Practice Private Practice of Dentistry
Saskatoon, Saskatchewan, 1962 - 1976

Registrar-Secretary-Treasurer
The College of Dental Surgeons of Saskatchewan
1974 - present

Dental

Activities - Member of the Council of the College of Dental Surgeons of Saskatchewan, 1970 - 1975

- President, College of Dental Surgeons of Saskatchewan - 1974
- Past President Saskatoon Dental Society
- Past Chairman, University Hospital Dental Staff, Saskatoon, Saskatchewan
- Past member of the Canadian Dental Association Council on Education
- Past member and Past Chairman of the Canadian Dental Association Council on Ethics
- Present member and Present Chairman of the Canadian Dental Association Council on Constitution and By-Laws
- Fellow of American College of Dentists (1975)
- Fellow of International College of Dentists (1978)
- Member of Pierre Fauchard Academy (1979)
- Past President, Western Canada Dental Society, 1979-1981
- Clinical Instructor, College of Dentistry, University of Saskatchewan, 1972 - 1978
- Sessional Lecturer, College of Dentistry, University of Saskatchewan, 1978 - present
- Past President, Saskatchewan Society of Clinical Hypnosis

Clubs

- Past Member of the Kinsmen Club of Saskatoon
- Past President, Kinsmen Club of Saskatoon 1971-1972
- Member, Saskatoon K-40 Club
- Member, Saskatoon 40 Plus Club
- Past Secretary, Kinsmen Foundation for the Handicapped (Saskatchewan)
- Director, Saskatoon Hilltop Football Club, 1978 - present
- President, Saskatoon Hilltop Football Club, 1985.

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Gordon William Thompson

Address Faculty of Dentistry University of Alberta Room 3032, Dent/Pharmacy Bldg.
Edmonton, Alberta Postal Code T6G 2N8

Office Telephone No. 432-3312 Area Code 403

Date of Birth December 22, 1940

<u>Degrees</u>	<u>Course</u>	<u>University</u>	<u>Year</u>
	Science	British Columbia	1958-61
D.D.S.	Dentistry	Alberta	1965
M.Sc.D.	Preventive Dentistry	Toronto	1967
Ph.D.	Epidemiology and Biostatistics	Toronto	1971
F.R.C.D.(C)	Public Health		1975
F.I.C.D.	International College		1980
F.A.C.D.	American College		1983
F.A.D.S.I.	International Dental Studies		1983

Appointments Held

Lecturer - Faculty of Dentistry, University of Toronto, 1967

Research Associate - Faculty of Dentistry, University of Toronto, 1969

Assistant Professor - Faculty of Dentistry, University of Toronto, 1972

Assistant Professor - Faculty of Medicine, University of Toronto, 1972

Assistant Dean, Administration - Faculty of Dentistry, University of Toronto, 1973

Associate Professor - Faculty of Medicine, University of Toronto, 1973

Associate Dean, Administration - Faculty of Dentistry, University of Toronto, 1975

Professor - Faculty of Dentistry, University of Toronto, 1977

Dean and Professor - Faculty of Dentistry, University of Alberta, 1978

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Marcia A. Boyd
Address UBC - Faculty of Dentistry, 2199 Wesbrook Mall
Vancouver, B.C. Postal Code V6T 1Z7

Office Telephone No. 228-4158 Area Code 604

Education University of Calgary, Calgary 1964-65
University of Alberta, Edmonton 1965-69, DDS
University of British Columbia, Vancouver 1973-74, MA

Practice Dental Practice, Eastern Arctic May-October 1969
Dental Practice, Vancouver October 1969-August 1972
U.B.C. Faculty of Dentistry, Vancouver August 1972 - date
Present position - University of British Columbia,
Faculty of Dentistry Associate Professor, Department
of Restorative Dentistry Section Head Operative
Dentistry

Association Membership

Faculty - Dental Admissions, 1974-77; 1979 - date
Dean's Advisory Committee on Promotion and Tenure, 1980 - date
Society of Full-time University Dentists: Vice-President
1976-77, President - 1977-78
Faculty Executive, 1975-78
Dental Curriculum, 1974-77; 1982 - date

Provincial
or District-College of Dental Surgeons of B.C.: Education Committee
1979 - date
Vancouver Community Colleges: Advisory Committee for Health
Sciences Programs - 1979 - date
Vancouver & District Dental Society: Co-chairman, Mid-winter
Clinic, 1975

National - Canadian Dental Association, Dental Admission Test Committee:
Member 1976-81
Chairman 1981 - date
National Convention Host Committee 1975
Association of Canadian Faculties of Dentistry (ACFD/AFDC)
Elected delegate 1974-76
Education Committee: Member 1976 - 78
Chairman 1978 - 80
Executive Council Member 1980 - date
American Association of Dental Schools:
Learning Resources Steering Committee - 1979 - 1980
Committee of Operative Dentistry Educators (Western Region)
1976 - date

Professional and Public Service

Examiner: College of Dental Surgeons of B.C. 1975; 1976
Chairman: CDA Teaching Conference (Clinical Evaluation)
June 1981
Chairman: Operative Dentistry Educators (Western Section)
1976; 1982
N.D.E.B.: Coordinator and Preclinical Examiner (Vancouver)
1982
Continuing Education Courses Presented: twelve presented in
Canada and U.S.
Citizens' Committee for Better Dental Health: 1969-73
Newspaper Column on Dental Health: 1970-72, B.C. Weekly
newspaper
University of Alberta Alumni (Vancouver Branch): Secretary
Treasurer, President 1970 - 1976

Interests

My interest and activity related to evaluation of clinical performance, aptitude and personality testing of dental applicants and students and the dental curriculum has resulted in numerous oral presentations and twenty (20) journal articles.

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name William Ian Vogan

Address 1545 Birmingham Street

Halifax, N.S. Postal Code B3J 2J6

Office Telephone No. 422-5581 Area Code 902

Citizenship United Stae of America

Date of Birth October 11, 1943

Marital Status Married to Margaret Robertson Whyte

Children One son: Drummond Grant Vogan
One daughter: Kendal Christina Vogan

Education High School
Lawside R.C. Academy
Scotland
S.C.E. Diploma
1955 - 1961

University
St. Andrew's University
Scotland
B.D.S. Degree
1961 - 1968

University of Southern California
Periodontics Certificate
1969 - 1971

University of Southern California
D.D.S. Degree
1969 - 1972

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name G.W. Burgman
Address 6 Tweedsmuir Road, Box 575
Kirkland Lake, Ont. Postal Code P2N 1H9
Office Telephone No. 567-3214 Area Code 705

Personal Married
3 children

Education Graduated University of Toronto 1945

Practice Kirkland Lake, Ontario

Association Membership

Past:

- President and secretary of the Northern Ontario Dental Association
- Past Governor of the Ontario Dental Association
- Past Member of the Research and Education Committee of O.D.A.
- Past Member of the Dental Advisory Committee of Canadore College, North Bay, Ontario
- Participant in the O.D.A. Demonstration Project on Extended Duties to Hygienists
- Fellowship in Academy of General Dentistry 1975
- Past President Kirkland Lake Chamber of Commerce
- Past Master Masonic Lodge

Present:

- Member of O.D.A.
- Member of C.D.A.
- Member of F.D.I.
- Academy of General Dentistry
- Canadian Dental Corps Association
- Member of Board of Governors of Northern College of Applied Arts and Technology
- Member of O.D.A. Education Committee
- Continuing Education Chairman of the Kirkland Lake and District Dental Association.

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Edward (Ted) William McIntyre
Address 68 Meadowlark Park Shopping Centre
Edmonton, Alberta Postal Code T5R 5W9
Office Telephone No. 484-1336 Area Code 403

Dr. McIntyre was born in Thunder Bay, Ontario, on January 6, 1942.

He obtained his early education in Thunder Bay and Edmonton, Alberta. Dr. McIntyre graduated from the Faculty of Dentistry, University of Alberta with his D.D.S. degree in 1965.

Following graduation, Dr. McIntyre established his practice in Edmonton.

Dr. McIntyre has been active in local and provincial dental organizations. He has served as Treasurer, Social Convenor, Secretary and President of the Edmonton and District Dental Society. He also served a term as a member of the Alberta Dental Association Board of Directors.

He is a member of the Kiwanis, Edmonton Yacht Club, and Edmonton Golf and Country Club. His hobbies include curling, golf, skiing, hiking, photography and sailing.

He married Brigitte Meley in 1964 and they are the parents of three daughters.

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Dr. Kenneth F. Pownall

Address 230 St. George Street

Toronto, Ont. Postal Code M5R 2N5

Office Telephone No. 961-6555 Area Code 416

Personal Born in Toronto, Ontario
 Married - 1951 - Nora Jean
 3 children - 2 grandchildren
 War Service - Canadian Armoured Corps
 Canada, United Kingdom and Northwest
 Europe - 1943-1946

Education D.D.S. - University of Toronto - 1951

Practice Frontier Dental Activities:
 First dentist employed in the Canadian Red Cross -
 Newfoundland Dental Scheme
 Provided treatment to residents of the St. Barbe
 Coast by boat in summer and snowmobile in winter -
 1951 - 1952
 Private Practice of Dentistry, Etobicoke
 Toronto - 1952-1965
 Secretary-Treasurer, Dentists' Legal Protective
 Association - 1965-72
 Secretary, Ontario Dental Association - 1966-1972
 Registrar-Secretary-Treasurer, The Royal College of
 Dental Surgeons of Ontario - 1965 - present

Academic Associate, Department of Paedodontics,
 University of Toronto 1962-1965
 Assistant Professor, Faculty of Dentistry
 University of Toronto -
 Ethics, Jurisprudence and Forensic Dentistry
 1965 - present
 Senator, University of Toronto - 1965 -1972
 Dental Staff, Hospital for Sick Children,
 Toronto - 1953 - 1963

Association

Memberships

Councillor, Academy of Dentistry - Toronto - 1965
President, West Toronto Dental Society - 1958
Governor, Ontario Dental Association - 1960-1962
Secretary-Treasurer, Academy of General Dentistry -
1967-1969
Member of Executive Committee, Ontario Division of
the Canadian Red Cross - 1959-1965
Rector's Warden, Christ Church (Anglican)
Master, Connaught Lodge AF & AM - 1965
Member, Scottish Rite 32^o
Fellow of American College of Dentists
Fellow of International College of Dentists
Fellow of Academy of International Dental Studies
Honorary Member, Academy of Dentistry, Hamilton,
Member, Omicron Kappa Upsilon Dental Fraternity
Past Chairman for Canada - Pierre Fauchard Academy

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Dr. Henry Marvin Dick

Address 1439 Bearspaw Drive

Edmonton, Alta **Postal Code** T6J 5E2

Office Telephone No. _____ **Area Code** _____

Born June 1, 1931
Brooks, Alberta
Married, 3 daughters

1950 -	High School Matriculation, Rosthern Junior College
1951-52	1st B.Ed., University of Alberta
1952-53	1st year Arts & Science, University of Alberta
1953-57	Dental Course, University of Alberta
1957	Doctor of Dental Surgery, University of Alberta
1957-59	General Practice Dentistry in Edmonton and Drayton Valley, Alberta. Admitting and practice privileges, Drayton Valley Hospital.
1960-62	General Practice Dentistry in Calgary, Alberta
1963	In the Republic of Congo under the Congo Protestant Relief Organization
	Responsibilities: General Practice Dentistry
	Supervisor of Regional Dental Programme
	Teaching English language to Congolese
	Nursing Students
	Teaching Grade 9 Algebra and Science
1964-66	General Practice Dentistry in Calgary, Alberta
1966-67	Teaching and Research Fellow, Department of Oral Surgery, University of Manitoba
	M.Sc. Programme - Bacterial Immunology - Minor
	- Oral Pathology - Major
1967-68	N.R.C. Research Fellow
	M.Sc. Programme - Completed June 30, 1968, University of Manitoba
	Thesis: Immunity and Inflammation as Synergistic Mechanisms in the Pathogenesis of Periodontal Disease.
1968-74	Associate Professor, Faculty of Dentistry, University of Alberta
	Specialist Certification with A.D.A. - Oral Pathology
1974	Professor, Faculty of Dentistry, University of Alberta
1976	Appointed Chairman, Division of Oral Biology
1977-79	Acting Chairman, Department of Oral Biology
1980	Appointed - Associate Dean
1983-84	Acting Chairman, Department of Oral Biology

EDUCATION AND ACCREDITATION

CURRICULUM VITAE

Name Katherine Frances MacDonald

Address Dalhousie University, School of Dental Hygiene, 5981 University Ave.
Halifax, Nova Scotia Postal Code B3H 3J5

Office Telephone No. 424-2279 Area Code 902

Citizenship Canadian

Date of Birth May 17, 1933

Education

High School

St. Mary's Convent, Souris, P.E.I.
1939-49

University

Prince of Wales College, Charlottetown, P.E.I.
3rd year Arts, 4th year Commerce
Diploma in Commerce
1949-51

Dental Hygiene School

Forsyth School for Dental Hygienists
R.D.H.
1951-53

Graduate School

Dalhousie University, Department of Education
M.Ed. Continuing Education
1975-77

Other

Boston University, School of Education
B.S. Health Education
1964 -67 (summers)

ETHICS

CURRICULUM VITAE

Name Wm. G. Leggett
Address #107 - 178 John Street
Brampton, Ontario **Postal Code** L6W 2A4

Office Telephone No. 451-9561 **Area Code** 416

Born September 8, 1939

Dental Students' Society Assistant Treasurer 1960-61
Treasurer 1961-62
Co-Editor "Dental Abstracts" 1962-63

Graduated University of Toronto, Faculty of Dentistry 1962-63

Private Practice Brampton 1963 to present

Canadian Dental Association member 1963 to present
member Ad Hoc Committee on Third Party Payment Plans
1984
member Council on Ethics 1982 to present
member Third Party Dental Plan Committee 1984
Component Society Liaison 1984 to present
Ontario Governor 1984 to present

Ontario Dental Association member 1963 to present
Governor 1978 to 1983
member DPAC 1980 to present
Chairman DPAC 1984 to present

Halton-Peel Dental Association
member 1963 to present
Director 1974 and 1975
Secretary 1976 and 1977
O.D.A. Rep. 1978 - 1983
Editor-Newsletter 1979 to present

ETHICS

CURRICULUM VITAE

Name Dr. Benjamin George Saik
Address 620, 206 - 7 Avenue S.W.
Calgary, Alberta Postal Code T2P 0W7
Office Telephone No. 269-8303 Area Code 403

Dr. Saik was born in Innisfree, Alberta, on April 16, 1933.

Following his early education in Innisfree, he entered the Faculty of Dentistry at the University of Alberta, Edmonton. He graduated with his D.D.S. degree in 1957.

He set up his practice in Calgary, Alberta. During these early years he also served in the reserve, #59 Dental Unit, with the rank of Captain.

He is an active participant in organized dentistry. Dr. Saik has served as President of the Calgary and District Dental Society in 1965 and as President of the Alberta Dental Association in 1974. He is also a member of the Academy of Restorative Dentistry and the Academy of Prosthodontics.

His hobbies include hunting, horses and farming.

Dr. Saik married Marianne Sauter in 1956 and they are the parents of three sons and one daughter.

HEALTH CARE

CURRICULUM VITAE

Name Dr. T.D. (Ted) Fantin

Address 1214 Pine Avenue,

Trail, B.C. Postal Code V1R 4E4

Office Telephone No. 364-1228 Area Code 604

Degree D.D.S. - 1964, Alberta

Council Member CDSBC - 1970-present
Executive - 1975 - 1984
Treasurer, CDSBC - 1977 - 1979

General Practice 21 years

HEALTH CARE

CURRICULUM VITAE

Name Dr. Donald Eber Upton

Address 760 Bow Valley Square, Box 9296, 255 - 5 Avenue S.W.
Calgary, Alta. Postal Code T2P 2W6

Office Telephone No. 266-4910 Area Code 403

Dr. Upton was born in Calgary, Alberta, on May 20, 1935.

Following his early education in Calgary, he entered the Faculty of Dentistry at the University of Alberta, Edmonton. Dr. Upton graduated with his D.D.S. degree in 1959.

He has practised in Calgary since that time.

Dr. Upton has served as Chief of the Department of Dental Surgery at the Calgary General Hospital and as President of the Forensic Dentistry section of the Canadian Society of Forensic Sciences.

He is a member of the Kiwanis Club and his hobbies include fishing, sailing, squash and model railroading.

Dr. Upton married Sally Mooney in 1961 and they are the parents of two sons.

HEALTH CARE

CURRICULUM VITAE

Name Dr. Keith I. Hamilton
Address 3421 - 8th Street East
Saskatoon, Sask. Postal Code S7H 0W5

Office Telephone No. 374-7272 Area Code 306

Personal Born: Donegal, Ireland
Married: Patricia
2 sons
1 daughter

Education D.M.D. - University of Saskatchewan, 1979

Practice Private Practice of Dentistry
Saskatoon, Saskatchewan, 1979 - present

Dental Activities - CDA Council on Health Care, 1982 - present
- Clinical Lecturer, University of Saskatchewan

Associations - Saskatoon Board Sailing Club
- Participant in golfing, hockey

HEALTH CARE

CURRICULUM VITAE

Name Kenneth R. Skinner

Address 633 Lodge Avenue

Winnipeg, Manitoba Postal Code R3J 0S9

Office Telephone No. 888-9753 Area Code 204

Personal Born - Winnipeg, Manitoba
Married: 1 son

Education University of Manitoba - B.Sc. 1969
University of Manitoba - D.M.D. 1973

Association Memberships Member M.D.A. Auxiliaries Committee 1979 to present
Chairman M.D.A. Auxiliaries Committee 1981 to present
Observer C.D.A. Accreditation Survey
University of Manitoba
School of Dental Hygiene - September 1981

HEALTH CARE

CURRICULUM VITAE

Name Andrew G. Toeman

Address 1 Place du Commerce Suite 100

Nun's Island, Verdun Postal Code H3E 1A3
Quebec

Office Telephone No. 768-2586 Area Code 514

Graduate - McGill University	1966
Private Practice	1966 - 69
Practiced in Sydney Australia	1969 - 71
Group Practice - Nun's Island, Québec	1971 -
Teaching in Operative Department Jewish General Hospital	1972 -
Course Coordinator "Practice Management" for Graduating Year - McGill Univeristy	1978 -

Memberships:

Alpha Omega Mount Royal Dental Society	1962 -
Quebec Dental Surgeons Association	1966 -
Chicago Dental Society	1978 -
Academy of General Dentistry	1976 -
Fellow - Academy of General Dentistry	July, 1982
Founding Member - Hexagon Dental Study Club	1978
Member, Committee of Dental Auxiliaries, QDSA	
Guest Lecturer "Les Journées Dentaires" Practice Administration	1980
Member, Council on Health Care, CDA	1981 - 1982
Member, Working Group on Dental Hygiene Health & Welfare Canada	1982

Hobbies: Sailing, skiing, long-distance running (3 marathons), reading

HEALTH CARE

CURRICULUM VITAE

Name Colonel P.R. McQueen

Address National Defence Headquarters, 100 Metcalfe Street
Ottawa, Ont. Postal Code K1A 0K2

Office Telephone No. 996-7492 Area Code 613

Born Medicine Hat, Alberta, 10 October 1940. Completed public and secondary education in Moose Jaw, Saskatchewan.

Commenced Arts and Science, University of Alberta, Edmonton 1958 in pre-dental studies. Admitted to Faculty of Dentistry September 1959 and graduated May 1963.

Enrolled in the Canadian Forces RCDC in 1960 under Regular Officers' Training Program (R.O.T.P.). Upon graduation posted to Camp Valcartier, PQ, as Dental Officer with rank of Captain. Posted from Valcartier to CJATC, Rivers, Manitoba as Base Dental Officer in December 1963 until 1968.

Promoted to Major in July 1968 and transferred to Director General Dental Services.

Posted to CFB Rockcliffe, Ottawa as Base Dental Officer, August 1969 to 1971.

Attended University of Toronto Dental Faculty September 1971 to June 1972 for Diploma Course in Dental Public Health.

Transferred to CFDS at CFB Borden, Ontario in June 1972 for employment as Dental Officer and instructor.

Promoted to Lieutenant-Colonel in August 1973 and appointed Base Dental Officer CFDS.

Posted to CFB Halifax, N.S. July 1976 as Base Dental Officer

Posted to CFB Lahr F.R.G. August 1979 as CO 35 Field Dental Unit.

Posted to DGDS in Ottawa and appointed Director Dental Plans and Requirements.

Promoted to Colonel effective 27 May 1985.

HEALTH CARE

CURRICULUM VITAE

Name Peggy M. Larder
Address 1812 E. Hamlin
Seattle, WASHINGTON Postal Code 98112

Office Telephone No. 325-4013 Area Code 206

University Education

Dalhousie University
Halifax, N.S.
Diploma in Dental Hygiene
1971 - 1973

Northeastern University
Boston, Massachusetts
Bachelor of Science in Education
1975 - 1977

Dalhousie University
Halifax, N.S.
Master of Science
1980

Academic Appointments

Acting Director
School of Dental Hygiene
Dalhousie University
Halifax, N.S.
January 1985 - present

Assistant Professor
Dalhousie University
Halifax, N.S.
1981 - present

Lecturer
Pre-clinic, Clinic, and Radiology
Dalhousie University
Halifax, N.S.
1977 - present

Professional Societies

Canadian Dental Hygienists Association
Nova Scotia Dental Hygienists Association
Dalhousie Faculty Association
Canadian Association of Faculties of Dentistry

**Position Held in Professional
Organizations**

Secretary
Nova Scotia Dental Hygienists Association
1977 - 1978

Vice-President
Nova Scotia Dental Hygienists Association
1978-1979

President
Nova Scotia Dental Hygienists Association
1979 - 1980

Canadian Dental Hygienists Association Delegate
1980 - 1981

Secretary
Canadian Dental Hygienists Association
1981 - 1982

CDHA Official Representative to the CDA
Council on Health Care
1982 - present

Membership Chairman
Nova Scotia Dental Hygienists Association
1983 - present

COUNCIL ON STUDENT AFFAIRS

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

- Members:
- Mr. Dan Beck, Chairman, University of Saskatchewan
 - Dr. Tim Barker, Vancouver, B.C.
 - Mr. Alan Brouwer, University of Alberta
 - Dr. Ed Busvek, St. Thomas, Ont.
 - Miss Marie-Renée Godbout, Université de Montréal
 - Mr. Greg Jansen, University of Saskatchewan
 - Miss Liliane LeSaux, University of Western Ontario
 - Mr. Greg Lovely, Dalhousie University
 - Mr. Vincent McMaster, Dalhousie University
 - Mr. Stephen Murray, University of Toronto
 - Mr. Dan Price, University of Manitoba
 - Mr. Sam Sgro, McGill University
 - Miss Joyce Watt, Université Laval
 - Mr. Chris Wyatt, University of British Columbia
- Dr. J.W. Niedermayer, Executive Liaison, Saskatchewan

1. Council Meetings

Council has met once since the last Board meeting, on March 11, 1985.

Items Requiring Board Action

2. Denturists

Council expressed concern about the increasing number of services being provided by paraprofessionals, and the public's lack of knowledge of the difference in education and expertise between a dentist and paraprofessional. Although this matter comes under the jurisdiction of the provinces, Council felt this subject warrants the attention of the CDA..

RESOLVED:

- 85.132 WHEREAS Canadian dental students and recent graduates are extremely concerned about increasingly larger numbers of services being provided by dental paraprofessionals who clearly do not have the broad-based scientific education felt to be necessary for making many of the diagnostic decisions related to total patient care,

COUNCIL ON STUDENT AFFAIRS

Denturists - cont'd

AND WHEREAS the general public seems to be largely unaware of the difference between dentists and related paraprofessionals such as denturists,

THAT the CDA promote awareness of the difference between dentists and para-professionals.

DEFEATED

Items for Information - Not Requiring Board Action

3. Student Membership

Council is pleased to report that student membership in the CDA this year is 95.9%, retaining the high level of previous years. Council feels that this has been achieved through the personal contact of the student reps, and will maintain this format of campaigning, because of the positive results obtained.

4. Canadian Dental Students' Conference

CDSC'85 will be held in Toronto from October 23-26. The University of Toronto will be hosting the delegates with a luncheon, a tour and lecture.

5. CDA Graduate Package

Grad packs for all CDA graduating students were again distributed through the student reps. Graduate functions were sponsored by the CDA/ODA for University of Toronto and Western Ontario graduates, and by CDA at McGill University, at which our President, Dr. P.R. Crawford, brought greetings on behalf of the CDA.

6. Summer/Temporary Licensure Programs

Council has accumulated information on summer work programs from the provinces which have such programs. This information will be retained at CDA Headquarters for reference purposes.

7. Practice Management Manual

The French language PM Manual has now been printed and has been very well received at the University of Montreal.

The Manual (in English and French) has been distributed to all fourth year students and will hereafter be given to CDA student members at the beginning of their third year of study.

8. Dento-Forum

The student newsletter, Dento-Forum, which is published twice yearly, continues to be well received by the student body.

The fall issue will contain an update on the Dental Awareness Program, including activities to date and the overall timeframe of future activities.

9. CSA Involvement in Organized Dentistry

Council looks forward to being involved in, and contributing to the forthcoming 1986 Prelicensure Conference.

It also looks forward to the attendance of Mr. Mark Sarnier of Manifest, to one of its future meetings.

10. CSA Representation to Other Meetings

The following representatives have been selected to attend the following meetings:

Association of Canadian Faculties of Dentistry - Liliane LeSaux

National Dental Examining Board of Canada - Mr. Sam Sgro

American Student Dental Association - Mr. Greg Lovely

Council on Education - Dr. Dan Beck

COUNCIL ON STUDENT AFFAIRS

Summary

On behalf of the Council on Student Affairs, I would like to extend to the Canadian Dental Association, our appreciation of its continuous support, and for the opportunities given to our members to participate in organized dentistry. We look forward to future involvement in the Prelicensure Conference in 1986, and to the Dental Awareness Program.

Respectfully,

Dan Beck
Chairman
Council on Student Affairs

ADOPTION OF REPORT:

The Board of Governors accepts the report of the Council on Student Affairs with appreciation.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

We welcome this opportunity to report to the Board of Governors on some of the actions of the ACFD/AFDC since our last report for the Board Meeting in March 1985.

1. Annual Meetings

Our Annual Meeting for 1985 was held in Las Vegas, in March, to coincide with the meetings of the American Association of Dental Schools and the International Association of Dental Research. We were pleased to have CDA President Crawford, Director of Accreditation Brian Henderson, and Student Representative L. Lesoux attend our House of Delegates meeting.

Our 1986 Biennial Research and Education Conference will be held June 8-14 at the Nottawasaga Inn, near Toronto. The Faculty of Dentistry, University of Toronto, will be our hosts. An interesting program is being planned and we look forward to having a large turnout of guests from other organizations, as well as our ACFD members and students.

2. CDA Teaching Conference

A proposal that the subject for the 1986 Teaching Conference be "The Teaching of Undergraduate Periodontology" has been forwarded to the Council on Education. Dr. Crawford Bain, Dalhousie, has been recommended as the Coordinator of this Conference.

3. Summer Teaching Institute

A full complement of twenty academies will be attending the Institute at the University of British Columbia. Dr. John Eisner, Dalhousie, Chairman and his Education Committee, have been the principle organizers for this undertaking, and the C.F.D.E. has generously undertaken to provide the funding necessary to get this project underway.

4. Working Group on Oral Research

This group, under the chairmanship of Dr. J.B. McDonald, is now underway. Visits to all Canadian schools have been planned. We are looking forward to the report from this committee.

ASSOCIATION OF CANADIAN FACULTIES OF DENTISTRY

5. I would like to take this opportunity to express appreciation to the Canadian Dental Association for the many courtesies extended to ACFD and for your generous and willing support which has been provided whenever warranted.

Respectfully submitted,

Dr. A. Schwartz
President

ADOPTION OF REPORT:

The Report of the Association of Canadian Faculties of Dentistry received as information by the Board of Governors, with thanks.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING OCTOBER 1985

On behalf of the Canadian Dental Hygienists' Association, I'd like to comment on the increased awareness of both the Canadian Dental Association and the Canadian Dental Hygienists' Association on the importance of open communication between the two associations. C.D.H.A. recognizes the voting status of C.D.H.A. representatives on the C.D.A. Council on Health Care and on the C.D.A. Council on Education and Accreditation as another example of the increased confidence in the abilities of our organizations to work together toward a common benefit.

C.D.H.A. is currently working on restructuring the C.D.H.A. Board of Directors, to reduce its size, therefore the cost of annual meetings, and to facilitate more effective decision making. C.D.H.A. has also applied for corporate status.

Several issues are being addressed by our committees.

1. Long Range Financial Planning Committee is formulating short & long term plans for C.D.H.A. Short term goals include: a) Restructuring the Board. b) Portability and Accreditation. c) Planning for and seeking financial sponsorship for the continuing education workshop (Halifax 1986) d) Membership Research Project, Long term goals include: Membership Development, Development of Corporate Sponsorship/ Support for a Research Training Fellowship, and development of guidelines for Quality and Competence Assurance.
2. Membership is developing an increase of benefits package for C.D.H.A. members and has surveyed non-members to determine reasons for not joining.
3. Manpower and Utilization - C.D.H.A. is developing and printing new 'updated' careers in Dental Hygiene pamphlet without Canadian Dental Association financial support. An example of Canadian Dental Hygienists' Association growth and maturity.
4. Community Dental Health Committee is developing an oral health resource for the elderly and has produced the poster 'SMILE FOR LIFE' - available through C.D.H.A. head office.
5. Continuing Education has developed and will continue to add to the Continuing Education Catalogue which is a formal list of materials and resources available to C.D.H.A. members for Continuing Education.

CANADIAN DENTAL HYGIENISTS' ASSOCIATION

Thank you for giving the Canadian Dental Hygienists' Association this opportunity to address the Board of Governors of the Canadian Dental Association.

Respectfully submitted,

Laura L. Mowat
President
Canadian Dental Hygienists'
Association

ADOPTION OF REPORT:

The Report of the Canadian Dental Hygienists' Association received as information by the Board of Governors, with thanks.

CANADIAN FUND FOR DENTAL EDUCATION

REPORT TO THE 1985 ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

1. At the CDA Interim Meeting in March I was able to provide you with complete information on the Fund's progress in 1984. Now it is my pleasure to report to you on developments this year and, in particular, on the decisions made at CFDE's annual meeting.

1985 Annual Meeting

2. The Fund's 1985 annual meeting was held on April 28-29 in Toronto. With the exception of the CDA Executive Director, all Trustees and the two staff members were in attendance. A special welcome was extended to Mrs. Sandra Deziel, who represented CDA, and to Dr. Louis Bernier, the Fund's newly appointed Trustee for the Province of Québec.
3. The minutes of last year's Board of Trustees meeting and Management Committee meeting were approved as distributed.

Auditors

4. The Trustees accepted and approved the auditors' report and financial statements for the year ended December 31, 1984, and the firm of Thorne Riddell was appointed auditors to serve until the next annual Board meeting.
5. The auditors had recommended that a member of the Board review the expenditures of the Fund on a regular basis and the Vice-Chairman was appointed to do so.

CFDE Recognition for Murray McDonald

6. The 1985 annual meeting presented the first opportunity for the full Board to discuss how best CFDE can honour Murray McDonald, its former Executive Director, who contributed so much to the Fund's development and success.
7. The Trustees unanimously decided to perpetuate Murray's memory by establishing the "Murray McDonald Memorial Lecture" and a grant of \$50,000 was allocated to create the Murray McDonald Endowment Fund, the income from which will be used towards the funding of the Lecture.
8. The Chairman of the Board and his appointed Committee were asked to draft guidelines for the Memorial Lecture and to prepare a roster of potential lecturers for consideration by the Management Committee and full Board at their next meetings.

CANADIAN FUND FOR DENTAL EDUCATION

Fund Raising

9. In April of this year the Fund's new booklet on planned giving entitled "that a lifetime of giving may carry on" was forwarded to those members of the profession who graduated twenty five years and more ago. So, I suspect, some of you may have received it. The Trustees are confident many of their colleagues will give serious consideration to helping their profession in one of the ways described in the booklet.
10. Again this year the Trustees decided to forward two mailings to all members of the profession, one in the spring and one in the fall. In addition, a reminder letter will be sent towards the end of the year to those who have previously donated but not so far in the current year.
11. The Trustees, in their respective areas, will continue their fund raising efforts, particularly during "October - CFDE Month", and trust several of their colleagues will assist with a personal campaign at that time.
12. In the Province of Ontario the telemarketing approach, which was used successfully last year, will be continued in 1985.
13. An appeal letter to business and industry was mailed at the end of May and, in addition, it is hoped to personally contact representatives of current and prospective corporate donors.
14. Because of staff shortage, the production of new advertisements and a leaflet briefly outlining facts about CFDE was held over from last year. Both will be developed as soon as possible this year. Also the Trustees directed to increase the publicity for the Fund's tribute card.
15. Finally you will be interested in learning that a resolution was passed to conduct a lottery campaign in Ontario early next year and that Dr. Sidney Golden kindly agreed to undertake the project on behalf of the Fund.

Advisory Committee on Fellowship Selection

16. The Advisory Committee, comprised of Dr. John Speck (Chairman), Dr. Ralph Barolet and Dr. Wesley Dunn, met on April 22 and the Chairman personally presented his Committee's report to the Fund's Trustees.
17. This year four excellent applications were received for the Warner-Lambert sponsored fellowship. The Committee recommended that the award be given to Dr. G.H. Sperber of the University of Alberta enabling him to pursue further studies in fetal dysmorphology.

CANADIAN FUND FOR DENTAL EDUCATION

Advisory Committee on Fellowship Selection - cont'd

18. Four dentists reapplied for fellowships and it was recommended that three be supported again in 1985. The fourth dentist, who received CFDE assistance during his two year diploma program, will engage in further studies leading to a Master of Science degree at his home University from which institution he will receive salary support. The Committee felt that under the circumstances no further help should be extended.
19. Of the seven dentist who applied for the first time, only three had firm commitments for half - or full-time university employment after training. However, because it is almost impossible for most Deans at this point in time to guarantee future employment, the Committee recommended that all seven be offered fellowship assistance.
20. One dental hygienist applied this year and a fellowship was recommend for her.
21. Dr. Robert W. Loney was selected as this year's recipient of the Henry M. Thornton Fellowship which carries an added value of \$1,000. Dr. Loney will pursue a M.Sc. Program in Prosthodontics at the University of Michigan and will return to full-time teaching at the University of Saskatchewan.
22. The CFDE Trustees were pleased to approve all grant recommendations with the exception of the half fellowships to the four dentists who do not have a commitment for at least half-time teaching upon completion of their graduate studies.
23. The total value of all fellowships approved for 1985 is \$36,750.
24. The Committee further considered the cases of two dentists and five dental hygienists who had been granted grace periods with regard to fulfilment of their teaching obligation to CFDE. In all instances it was recommended that CFDE ask for repayment of the grants with which the Trustees concurred. I am pleased to let you know that at the time of writing this report, we have received repayments from six of the seven recipients with four electing to repay their indebtedness in full at this time.
25. The Trustees are keenly aware and deeply appreciative of the significant contribution made by the members of the Fund's Advisory Committee. Their special thanks go to Dr. John Speck, who so capably chaired the Committee for the past four years. Dr. Speck will retire this year.
26. The Board appointed Dr. Wesley Dunn to succeed Dr. Speck as Chairman and a third member will be appointed later in the year to fill the vacancy on the Committee.

CANADIAN FUND FOR DENTAL EDUCATION

Grants Approved for 1985

27. Here is some really good news! For the first time in CFDE's history, the Trustees were able to approve a total of over \$200,000 for investment in dentistry in one single year. This means that since its inception in 1962, the Fund has now provided over two million dollars for the advancement of the profession.
28. In addition to the grant establishing the Murray McDonald Endowment Fund and the above fellowships, the Trustees approved the following awards:
29. From my report last year you will recall CFDE's decision to sponsor a visiting lecturer who will bring to students, faculty and local practitioners an outstanding presentation which would otherwise not be available. Dr. William F. May, a renowned Professor of Ethics, visited the four Western schools last March and from all reports we have received, his lectures were a resounding success. I am sure those of you who were able to hear Dr. May will attest to the excellence of his presentation.
30. Dr. May will return to Canada in November of this year to speak at the Winter Clinic of the Toronto Academy of Dentistry as well as the Universities of Toronto and Western Ontario, and he will complete his tour of all dental schools in March of next year with visits to Dalhousie and the three schools in Québec. A grant of \$8,000 has been approved to fund the balance of Dr. May's visits.
31. In accordance with the resolution passed by the Trustees, Dr. May's future lectures will form part of the newly established "Murray McDonald Memorial Lecture".
32. For the second year CFDE will support ACFD's Summer Teaching Institute with a grant of \$20,000. The first such Institute, designed to improve the teaching skills of dental faculty members, will be held at the UBC Conference Centre in June 1985. An excellent article providing detailed information on the Teaching Institute was prepared by Dr. John Eisner, Chairman of ACFD's Education Committee, and published in the May issue of the CDA Journal.
33. You will be pleased to learn that the CFDE Trustees were able to approve an unrestricted grant of \$2,500 for each of the ten dental schools this year. This represents an increase of \$1,000 per school and the Trustees are confident the grants will be of much help at a time of severe budget restrictions. In addition, the Fund will again provide an amount of \$1,000 per school to be used for undergraduate students.

CANADIAN FUND FOR DENTAL EDUCATION

Grants Approved for 1985 - cont'd

34. Of particular interest to you will be the following grants approved in support of CDA programs:
- \$7,500 - Teaching Conference on Orthodontics
 - \$7,500 - Dental Students' Conference
 - \$6,000 - Student Table Clinic Program
 - \$4,000 - Dental Health Month
 - \$6,000 - Health Screening Program at the
CDA Convention in Ottawa
35. Again this year the income from the Lorne E. MacLachlan Endowment Fund is \$10,875 and will be divided equally between the dental schools at the Universities of Toronto, Western Ontario, McGill and Dalhousie. The money is used in various ways for the benefit of the Prosthodontics Departments. Including this year, Dr. MacLachlan has provided close to \$100,000 to assist his profession.
36. The Trustees will continue their efforts to help increase public demand for dental health services. In addition to their support of dental health month, they approved a grant of \$3,500 from CFDE's general funds for a summer student program which was begun in 1984. They also expect to receive earmarked gifts for the program which will enable them to underwrite the total cost budgeted at \$8,500 for this year.
37. The third dental hygiene educators' workshop will be held next September and CFDE will provide a grant of \$2,200 to fund the meeting. As in the past several years, the Trustees also allocated an amount of \$2,000 for ODHA educational projects. This grant is underwritten by a Company sponsor.
38. Several smaller grants totalling over \$5,000 were also approved for payment this year.
39. Understandably, I hope, my fellow Trustees and I are greatly satisfied at being able to provide this significant measure of help for the benefit of our profession.

CDA Prelicensure Conference

40. You will be pleased to learn that the CFDE Trustees gave approval in principle to the Conference scheduled for early 1986 and that they authorized the Fund's Management Committee to decide later in the year on financial support for the meeting.

CANADIAN FUND FOR DENTAL EDUCATION

NDEB Continuing Education Program Through Self-Assessment

41. The Trustees welcomed Drs. Ron Jordan and Gundy Kravis to the annual meeting for a presentation of the NDEB proposal. A resolution was passed approving the continuing education program in principle and the Trustees look forward to receiving information on further developments.

Board of Trustees

42. Drs. Gerald Barrett and Sidney Golden completed their first term of office and agreed to let their names stand in nomination for reappointment for a second three year term.
43. Drs. Donald Upton and Alain Vaillancourt have now completed their second three year term and are, therefore, not eligible for reappointment. The Board recorded its deep appreciation to both for the outstanding contribution they have made to the progress of the Fund.
44. My final term of office has now also been completed and it is my pleasure to let you know that Dr. Fred Reid has been nominated to succeed me as Chairman.
45. Assuming Dr. Reid's appointment as Fund Chairman by the Board of Governors, it will be necessary to appoint a successor to serve as a Trustee for the Province of British Columbia. Also, replacements for Drs. Upton and Vaillancourt will have to be appointed. At the time of writing this report I am not in position to make nominations to fill the vacancies. However, I shall be pleased to do so when presenting my report to the Board of Governors next October.
46. Mr. Fred Heaps was appointed Vice-Chairman of the Fund for the ensuing year.

RESOLVED:

- 85.133 THAT the CDA Board of Governors approve the reappointment of eligible members to the CFDE Board of Trustees.

ADOPTED

- 85.134 THAT Dr. Fred Reid's appointment as CFDE Chairman be approved.

ADOPTED

CANADIAN FUND FOR DENTAL EDUCATION

- 85.135 THAT the CDA Board of Governors approve the appointment of Dr. Stewart Foster, Edmonton, Dr. G.W. Thompson, Edmonton and Dr. T. Ramage, Vancouver, to the Board of Trustees of CFDE to fill the existing vacancies.

ADOPTED

Management Committee

47. In addition to the Chairman and Vice-Chairman, Dr. Sidney Golden was nominated for membership.

Appreciation

48. This is my final report and a time to say thanks for the opportunity of serving as Chairman of CFDE's Board of Trustees and the privilege of reporting to you on the activities of the Fund.
49. It is also a time to thank you, the CDA Governors, for your strong support of CFDE as manifested in so many different ways. In particular I wish to express my personal and my fellow Trustees' grateful appreciation for the substantial increase in the Association's financial assistance this year.
50. As is evident from its two million dollar investment in dental education and research, the Fund has already made a most significant contribution to our profession and I am convinced will continue to play an increasingly important role in the advancement of dentistry in Canada.
51. It has been a rewarding experience to serve as a Trustee and as Chairman of the Canadian Fund for Dental Education.

Respectfully submitted,

David K. Peters, D.D.S.
Chairman
CFDE Board of Trustees

ADOPTION OF REPORT:

The Report of the Canadian Fund for Dental Education received as information by the Board of Governors, with thanks.

ROYAL COLLEGE OF DENTISTS OF CANADA

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING OCTOBER 1985

Since the College's Annual Meeting will not be held this year until September 27th in Ottawa, there is little to report on since the last meeting of the Board of Governors.

The College again has a record number of candidates for its Membership Examinations to be held in June, in all disciplines except Oral Radiology. The examinations will be held in various centres this year, as follows:

<u>Specialty</u>	<u># Candidates</u>
Dental Public Health, Edmonton	0
Endodontics, Vancouver	3
Oral and Max. Surgery, Toronto & Montreal	9
Oral Pathology, Toronto	2
Orthodontics, Edmonton	4
Paedodontics, Toronto	9
Periodontics, Toronto	6
Prosthodontics, Toronto	1
	<u>34</u>

Elections will be held this summer for upcoming vacancies on the Council for representatives of Dental Public Health and Endodontics. Dr. Don Lewis and Dr. Marshall Peikoff have both completed two three-year terms on Council. The first three-year terms of Councillors representing Dental Sciences, Oral Pathology, Paedodontics and Prosthodontics also will expire this year, but the incumbents may be re-elected for a second term.

Our Convocation this year will be on September 28th at the National Arts Centre, Ottawa. Dr. Jens J. Pindborg, Professor of Oral Pathology, Royal Dental College and Head of the Dental Department of the University Hospital, both in Copenhagen, Denmark, will be given an Honorary Fellowship in the College, as will Dr. Fred A. Henny, Oral Surgeon, formerly of Michigan, now living in Florida. The College will also be admitting eight new Fellows and approximately 63 new Members.

ROYAL COLLEGE OF DENTISTS OF CANADA

As the College is celebrating its 20th anniversary in 1985, all twelve Past Presidents of the College will be honoured at the Annual Dinner to be held on September 28th at the Chateau Laurier. As well, for the first time, the College will be instituting the presentation of "Certificates of Merit" to retiring Councillors and Chief Examiners, so that nearly 100 previous officers will be receiving the certificate this year.

The Royal College Symposium on Facial Pain will be held on September 30th, and is integrated with the scientific program of the CDA. We appreciate the planned publicity given our Symposium in your Journal, and hope the joint effort will benefit both organizations.

We look forward to being with you in September, and extend best wishes for a very successful meeting in Ottawa.

Respectfully submitted,

Michael J. Crompton
Acting President

ADOPTION OF REPORT:

The Report of the Royal College of Dentists of Canada received as information (as amended) by the Board of Governors, with thanks.

CANADIAN ACADEMY OF ENDODONTICS

REPORT TO THE CDA ANNUAL BOARD OF GOVERNORS MEETING OCTOBER 1985

The annual meeting of the Canadian Academy of Endodontics was held at Lake Louise, Alberta, September 12-16, 1984. Dr. Carl Hawrish of Edmonton and Dr. Terry Smorang of Calgary were joint convention chairmen. Members and guests enjoyed an excellent scientific meeting which featured Dr. R. Averbach of Denver, Colorado as the key note speaker.

The locations of future annual meetings were determined as follows:

1985 - Ottawa (with CDA)
1986 - Vancouver, October - at time of Expo '86
1987 - Toronto

The annual general meeting elected the following executive for 1984-85:

Past-President	- Dr. Marshall Peikoff, Winnipeg, Manitoba
President	- Dr. Barry Korzen, Willowdale, Ontario
President-Elect	- Dr. Fred Weinstein, Vancouver, B.C.
Treasurer	- Dr. Herb Borsuk, Montréal, Québec
Executive-Secretary	- Dr. John Phillips, Oshawa, Ontario

Respectfully submitted,

John M. Phillips
Executive Secretary
Canadian Academy of Endodontics

ADOPTION OF REPORT:

The Report of the Canadian Academy of Endodontics received as information by the Board of Governors, with thanks.

CANADIAN ACADEMY OF ORAL PATHOLOGY

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS OCTOBER 1985

The 19th annual meeting of the Canadian Academy of Oral Pathology was held at the Alameda Plaza Hotel, Kansas City, Missouri, May 9, 1985. Dr. G.P. Wysocki, (University of Western Ontario) President of the Academy, chaired the meeting.

The Executive and committees of the Academy for 1985/86 are as follows:

President:	Dr. D. Mock
President Elect:	Dr. R.W. Priddy
Vice-President:	Dr. P. Duquette
Secretary-Treasurer:	Dr. R.W. Priddy
Immediate Past-President:	Dr. G.P. Wysocki
Nominating Committee:	Dr. B.B. Harsanyi (1 year) Dr. R.L. Brooke (2 years) Dr. T.D. Daley (3 years)
Membership Committee:	Dr. J. Hardie (1 year) Dr. C. Kilmartin (2 years) Dr. S.I. Ahing (3 years)
Professional & Public Relations Committee:	Dr. M.M. Cohen (1 year) Dr. J.G.L. Lovas (2 years) Dr. L. Lee (3 years)

The Canadian Academy of Oral Pathology has established an Ad Hoc Committee to consider the matter of recognizing Oral Medicine as a dental specialty. The membership of the Academy have been encouraged to submit written comments to the Ad Hoc Committee regarding this issue. In addition, a ballot is being prepared for distribution to members. Dr. Mock has requested funding from the CDA to support a meeting of this Ad Hoc Committee, to take place at the CDA headquarters in Ottawa. At this time a formal report will be prepared for the CDA regarding Oral Medicine as a dental specialty.

Dr. T. McGaw (University of Alberta) is to co-ordinate the preparations of a CDA educational pamphlet, outlining the oral/dental management protocols for cancer patients. The Professional and Public Relations Committee of the Academy will assist Dr. McGaw in this task.

CANADIAN ACADEMY OF ORAL PATHOLOGY

The Secretary-Treasurer is preparing a list of members and their areas of clinical and/or research interests to be forwarded to Ms. C. Hackland of the CDA for the purpose of establishing a roster of reviewers of books and manuscripts received by the CDA.

The 20th annual meeting of the Canadian Academy of Oral Pathology will be held at the Westin Hotel in Toronto, during the week of May 11-16, 1986, in conjunction with the meeting of the American Academy of Oral Pathology.

Respectfully submitted

R.W. Priddy
Secretary-Treasurer
Canadian Academy of Oral Pathology

ADOPTION OF REPORT:

The Report of the Canadian Academy of Oral Pathology received as information by the Board of Governors, with thanks.

CANADIAN ACADEMY OF PAEDODONTICS

REPORT TO THE ANNUAL CDA BOARD OF GOVERNORS MEETING OCTOBER 1985

Executive: W.J. Simpson, Past-President
 I.C. Bennett, Halifax, President
 F. Pulver, Toronto, President-Elect
 A. Dungy, Ottawa, Secretary-Treasurer

1. The 1985 Annual Meeting will be held in Ottawa at the Westin Hotel and will be incorporated with the Canadian Society of Dentistry for Children (Ontario Chapter) to take the format of the sixty Canadian Congress of Dentistry for Children. The meeting will run from September 27-29.
2. The meeting for 1986 is being planned to be held in conjunction with the C.D.A. meeting in Halifax. Dr. Donald Cunningham will be looking after local arrangements.
3. The membership now stands at 111 active members.
4. The Academy is actively involved in planning the 1987 International Association of Dentistry for Children meeting which will be held in Toronto in June of that year. Dr. Frank Pulver will be the Chairman of that meeting. Drs. Pulver, Richardson and Dungy represented the Academy at the recent International Association of Dentistry for Children meeting held in San Jose, Costa Rica in February of this year.

Respectfully submitted,

Arlington Dungy
Secretary-Treasurer

ADOPTION OF REPORT:

The Report of the Canadian Academy of Paedodontics received as information by the Board of Governors, with thanks.

CANADIAN ASSOCIATION OF ORAL AND MAXILLOFACIAL SURGEONS

REPORT TO THE CDA ANNUAL BOARD OF GOVERNORS MEETING OCTOBER 1985

The C.A.O.M.S. met for their 1985 Convention in Montréal from May 9, 1985 to May 12, 1985. At that time our executive officers were elected for the 1985-1986 term. The past President is Murry Mickelborough, President Ron Warren, President Elect David Precious, Secretary Bernard Lyons and Treasurer Jack Zosky.

The theme of the convention was "Montréal Lifestyles", which provided our members with a special program with visits to Old and New Montréal. A visit to the Bonsai Exhibition at the Botanical Gardens was hosted by Dr. Luc Larivée as representative by Mayor of Montréal, Jean Drapeau who unfortunately was in Shanghai at the time of the convention.

The scientific conference theme was "Cleft Lip-Cleft Pallate" and the principle speaker was Dr. Michael Kinnebrew, M.D., D.D.S. of New Orleans Louisiana who provided fine over-all update on the recent advances in Cleft Lip and Cleft Pallate repair. The final day of our program featured our own two C.A.O.M.S. members Dr. P. Landrey, whose topic was "Delaire Analysis". I would like to remind the C.D.A. of the upcoming International Association of Oral and Maxillofacial Surgeons which is being hosted by the C.A.O.M.S. in Vancouver, British Columbia from May 21-25, 1986. This meeting is expecting a large turn out of Oral Surgeons from around the world and we are pleased to be able to offer Canadian hospitality to this International Organization. The C.A.O.M.S. meeting of 1986 will be held in conjunction with the I.A.O.M.S. Dr. A. Swanson is the chairman of this I.A.O.M.S. meeting in Vancouver.

Respectfully submitted,

Bernard M. Lyons, D.D.S.
Secretary

ADOPTION OF REPORT:

The Report of the Canadian Association of Oral and Maxillofacial Surgeons received as information by the Board of Governors, with thanks.

CANADIAN SOCIETY OF PUBLIC HEALTH DENTISTS

REPORT TO THE CDA ANNUAL BOARD OF GOVERNORS OCTOBER 1985

The C.S.P.H.D. meets once a year in conjunction with the Canadian Dental Association Meeting. The last meeting took place in Montréal on Monday 9 April 1984.

Topics discussed at the meeting included:

- i) the proposed change to a 2 year program rather than the one year program in place for a diploma in dental public health at the University of Toronto,
- ii) the approval of the publication of the C.S.P.H.D. Newsletter twice yearly,
- iii) increasing the Annual Meeting to at least one full day and approval of a two day meeting in conjunction with the Ontario Society of Public Health Dentists in Ottawa in September 1985,
- iv) concern over elimination of dental public health positions in some provinces particularly B.C.,
- v) approval of dues increase to \$25.00/year.

The Annual Meeting concluded with a very worthwhile Scientific Session Program put on by the C.S.P.H.D. members and arranged by Col. Fred Begin.

Dr. John Stamm gave an overview of dental expenditures in Canada, Dr. Benoit Lafontaine spoke on Some Aspects of Oral Health Services Organization in Quebec. Dr. Harry Protheroe summarized the 1983 Dental Condition Study - Recruit Findings in the Armed Forces and Dr. Steve Wolfson spoke on the Sealant Program in Saskatchewan.

The C.S.P.H.D. currently has 112 members.

Respectfully submitted,

Neil A. Farrell, D.D.S., D.D.P.H.
Director - Dental Public Health
Secretary-Treasurer
Canadian Society of Public
Health Dentists

ADOPTION OF REPORT:

The Report of the Canadian Society of Public Health Dentists received as information by the Board of Governors, with thanks.

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